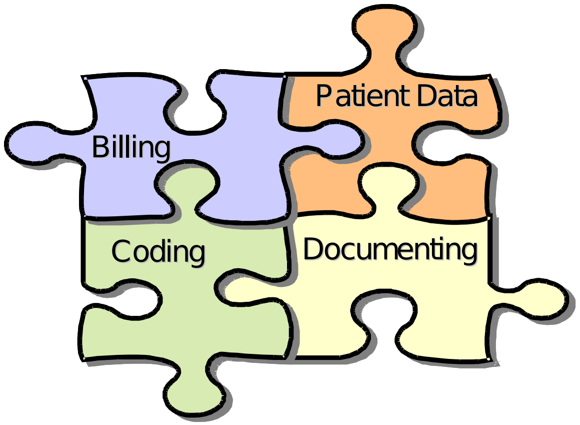
CORE COMPETENCIES

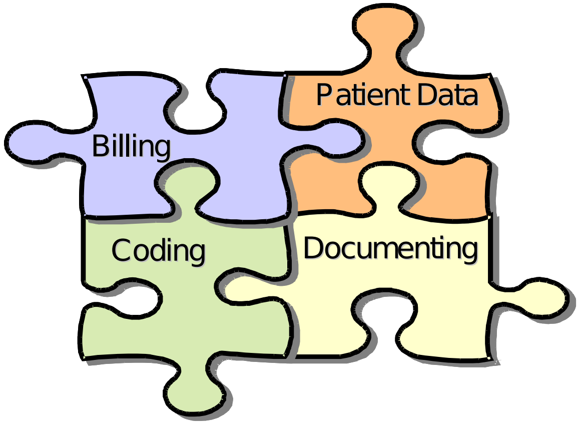
2005 UBU/UBO Conference
UBO Basic (Track 3)
Tuesday - May 17



Contents:

1. eBilling with ePREMIS and You (Smith, Dorothea; Kendrick, Cindy; Lawson, Julia)
2. UBO Website Metrics/DD 2570 (White, Thomas; Palmore, Paula)
3. Billing and Coding – Working Together – Tips from the Civilian Sector (Borchert, Lorrie)
4. UBO Manual Overview/Changes (Prater, SMSgt DeLisa; Ashby, Douglas; Coke, Elizabeth; Watnik, Robbi-Lynn)
5. Anesthesia Billing in the MHS in 2005 (Yoder, Lt Col Jeanne)
6. Gaming the Health Care System (Sabo, Rose)

CORE COMPETENCIES

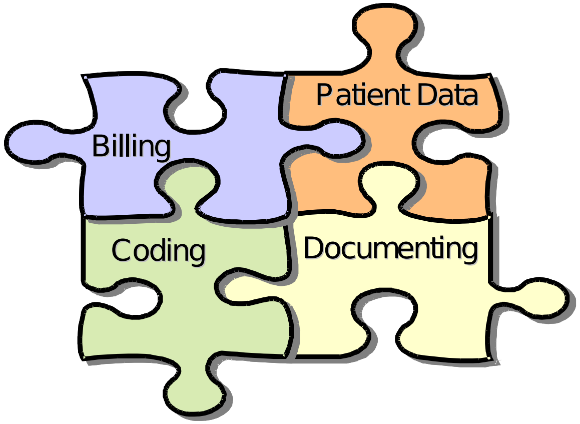

Patient Data
Billing
Coding
Documenting

eBilling with ePREMIS and You

Dorothea Smith
Cindy Kendrick
Julia Lawson
Tuesday, May 17, 2005
Track 3, UBO Basic

CORE COMPETENCIES

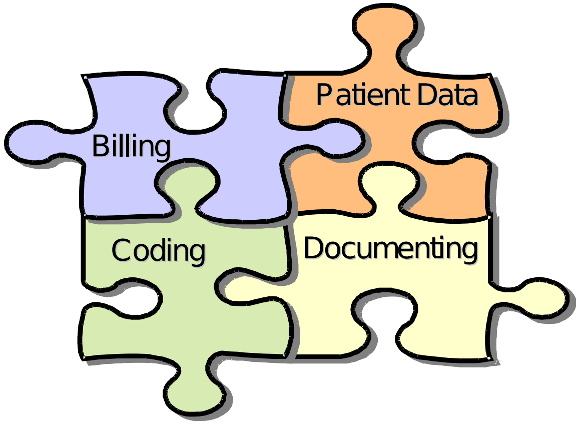
eBilling with ePREMIS and You Objectives


Patient Data
Billing
Coding
Documenting

- Realize Why ePREMIS is the Solution
- Review ePREMIS Functionality
- Recognize Improvements and Challenges of eBilling with TPOCS and ePREMIS
- Reiterate Next Steps for ePREMIS at your facility

CORE COMPETENCIES

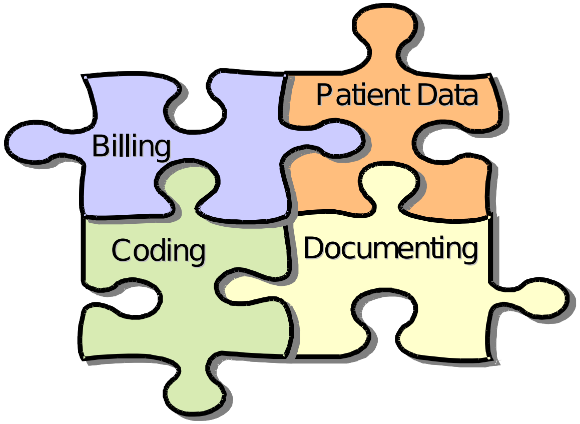
Realize Why ePREMIS is the Solution



- Web-delivered claims management system
- Interactive user interface to correct claims
- Validates claims against payer requirements
- Handles electronic and paper claims
- On-demand and automated reporting
- Assists hospitals in controlling their financial performance by automating routine tasks

CORE COMPETENCIES

Review ePREMIS Functionality

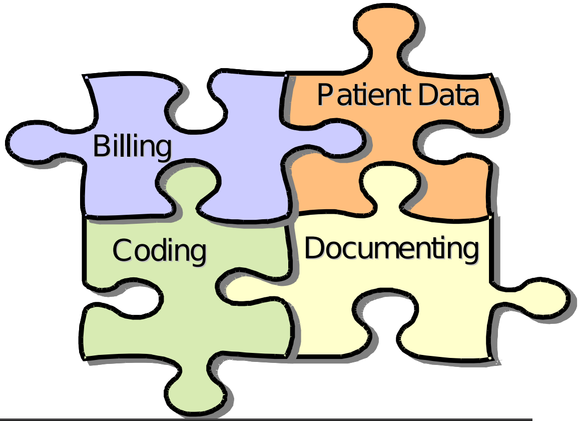

Patient Data
Billing
Coding
Documenting

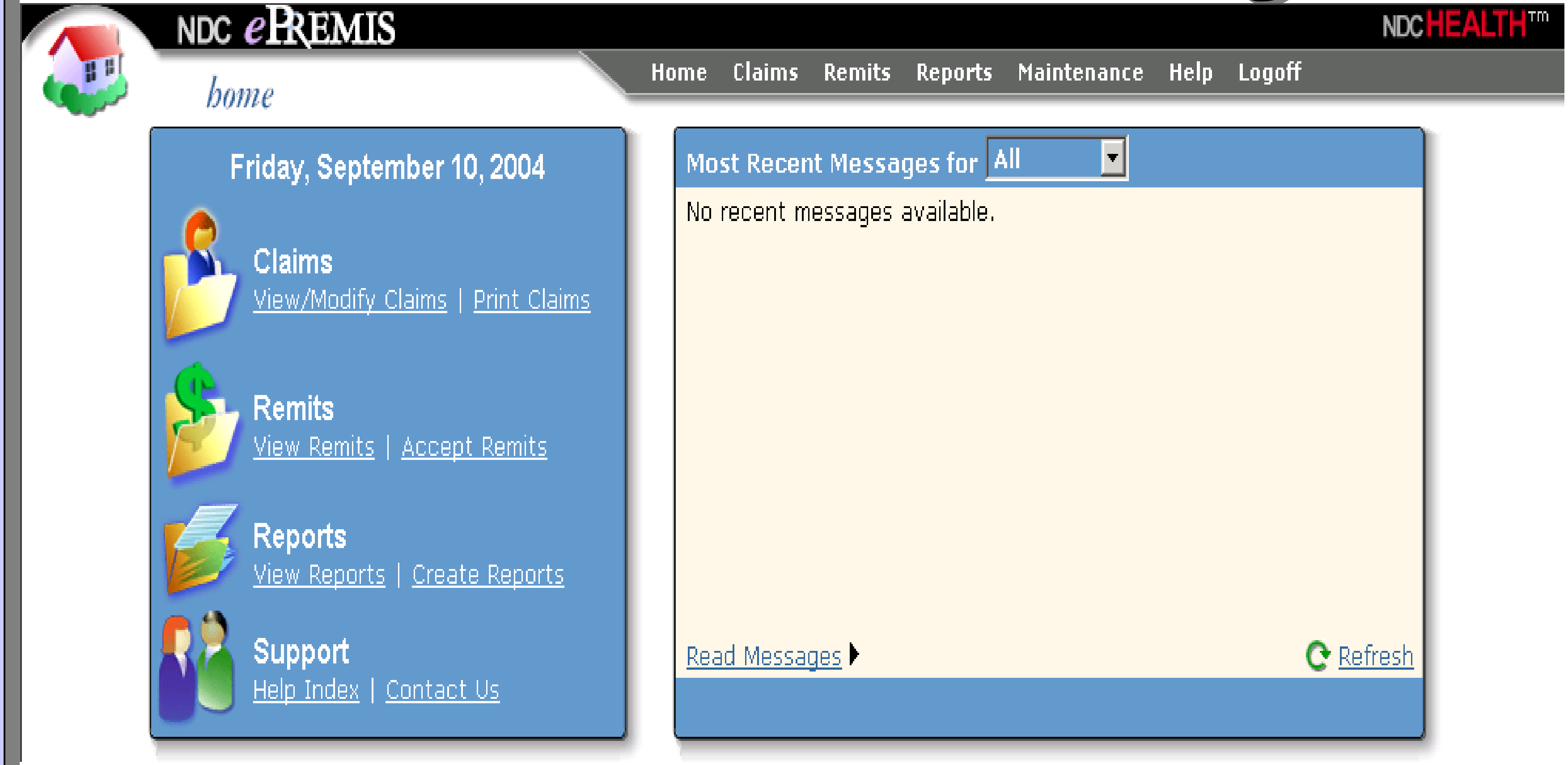
- Home Page with Message Delivery Center
- Interactive Claims Screen
- Fixing Rejected Fields
- Error Text Box
- Navigation within Working Group
- Working Group List
- Tabs
- Icons
- Hot Keys
- On-Demand Reports
- On-Line Interactive Help

CORE COMPETENCIES

Review ePREMIS Functionality

Home Page with Message Delivery Center


Billing
Patient Data
Coding
Documenting


NDC ePREMIS
NDC HEALTH™
home
Home
Claims
Remits
Reports
Maintenance
Help
Logoff

Friday, September 10, 2004

Claims
View/Modify Claims | Print Claims

Remits
View Remits | Accept Remits

Reports
View Reports | Create Reports

Support
Help Index | Contact Us

Most Recent Messages for All

No recent messages available.

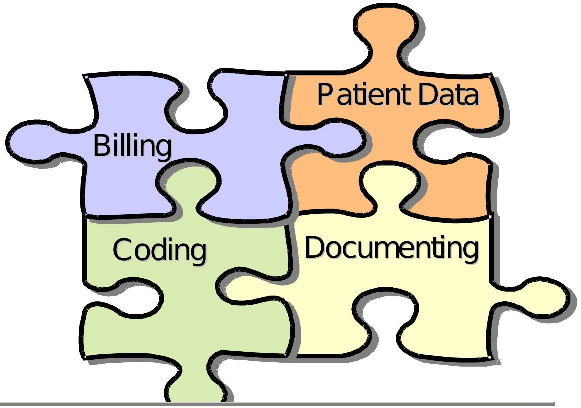
Read Messages

Refresh

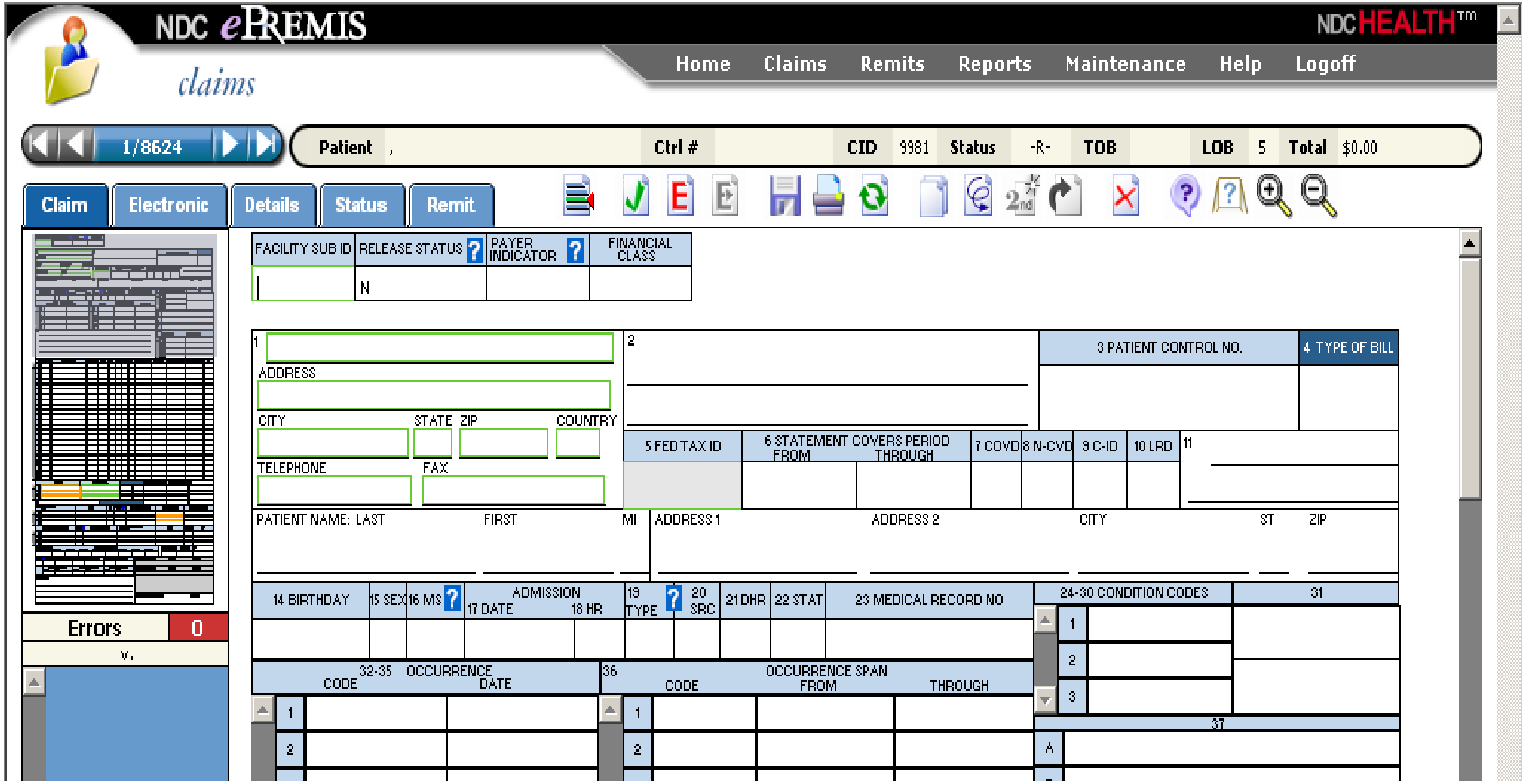
CORE COMPETENCIES

Review ePREMIS Functionality

Interactive Claims Screen



Patient Data
Billing
Coding
Documenting



NDC ePREMIS
claims
NDC HEALTH™
Home
Claims
Remits
Reports
Maintenance
Help
Logoff
Claim
Electronic
Details
Status
Remit
FACILITY SUB ID
RELEASE STATUS
PAYER INDICATOR
FINANCIAL CLASS
ADDRESS
CITY
STATE
ZIP
COUNTRY
TELEPHONE
FAX
3 PATIENT CONTROL NO.
4 TYPE OF BILL
5 FED TAX ID
6 STATEMENT COVERS PERIOD FROM THROUGH
7 COVD
8 N-CVD
9 C-ID
10 LRD
11
PATIENT NAME: LAST
FIRST
MI
ADDRESS 1
ADDRESS 2
CITY
ST
ZIP
14 BIRTHDAY
15 SEX
16 MS
ADMISSION 17 DATE 18 HR
19 TYPE
20 SRC
21 DHR
22 STAT
23 MEDICAL RECORD NO
24-30 CONDITION CODES
31
32-35 OCCURRENCE CODE DATE
36 CODE OCCURRENCE SPAN FROM THROUGH
37
Errors

1/8624

Patient ,

Ctrl #

CID 9981

Status -R-

TOB

LOB 5

Total $0.00

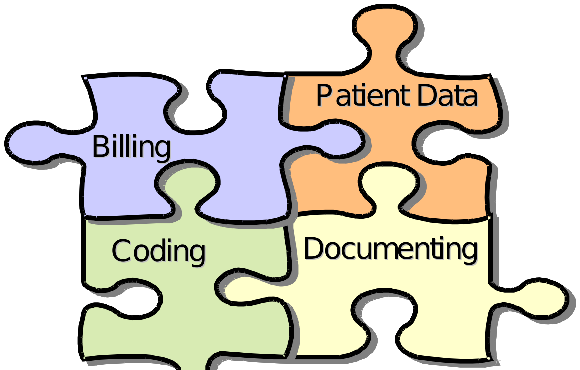
RELEASE STATUS: N

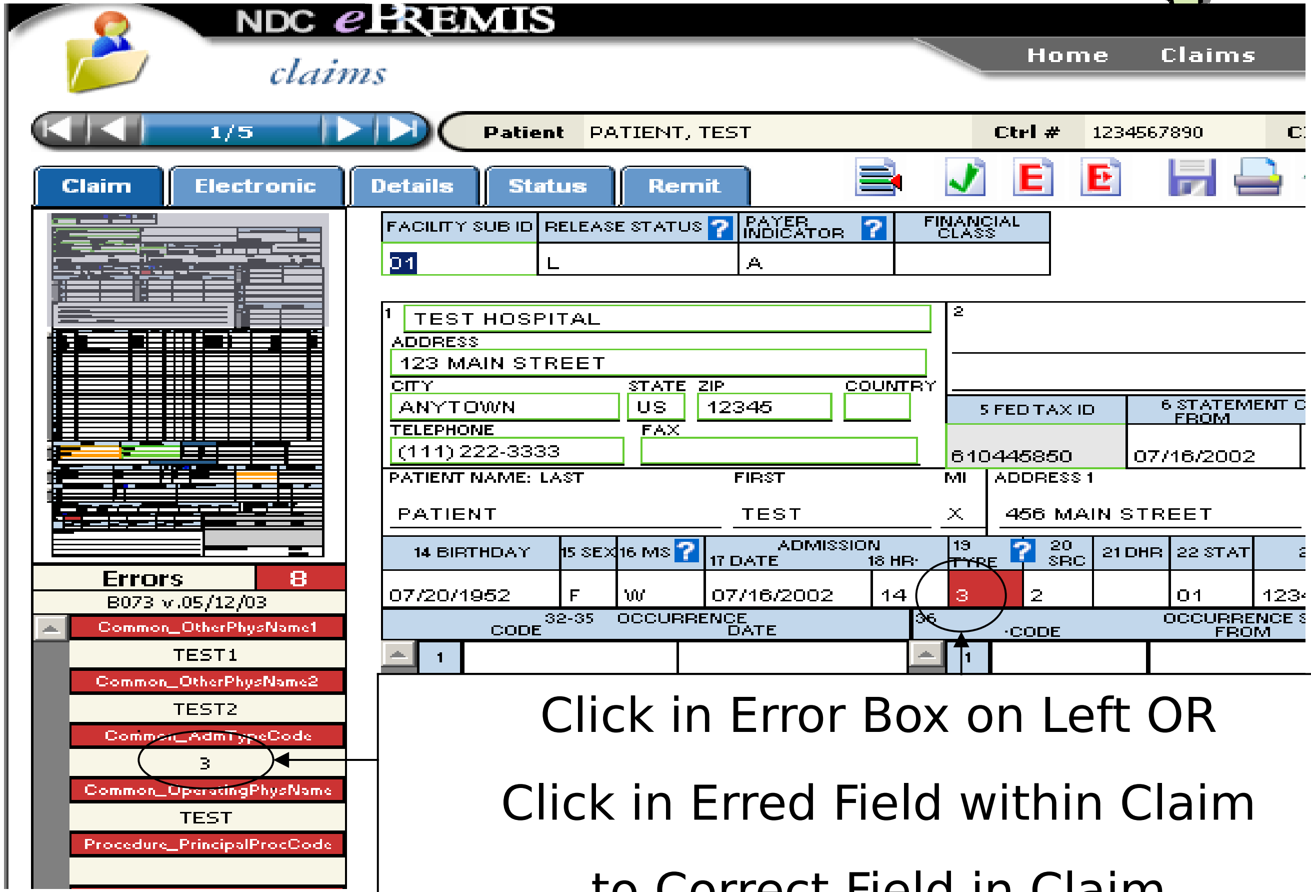
Errors: 0

CORE COMPETENCIES

Review ePREMIS Functionality

Fixing Rejected Fields


Billing
Patient Data
Coding
Documenting


NDC ePREMIS
claims
Home
Claims
Claim
Electronic
Details
Status
Remit

1/5

Patient: PATIENT, TEST
Ctrl #: 1234567890

FACILITY SUB ID: 01
RELEASE STATUS: L
PAYER INDICATOR: A
FINANCIAL CLASS:

1 TEST HOSPITAL
ADDRESS: 123 MAIN STREET
CITY: ANYTOWN
STATE: US
ZIP: 12345
COUNTRY:
TELEPHONE: (111) 222-3333
FAX:

2

5 FED TAX ID: 610445850
6 STATEMENT C… FROM: 07/16/2002

PATIENT NAME: LAST: PATIENT
FIRST: TEST
MI: X
ADDRESS 1: 456 MAIN STREET

14 BIRTHDAY: 07/20/1952
15 SEX: F
16 MS: W
ADMISSION 17 DATE: 07/16/2002
18 HR: 14
19 TYPE: 3
20 SRC: 2
21 DHR:
22 STAT: 01

32-35 OCCURRENCE CODE DATE
1

36 OCCURRENCE CODE FROM
1

Errors 8

B073 v.05/12/03

Common_OtherPhysName1
TEST1
Common_OtherPhysName2
TEST2
Common_AdmTypeCode
3
Common_OperatingPhysName
TEST
Procedure_PrincipalProcCode

Click in Error Box on Left OR

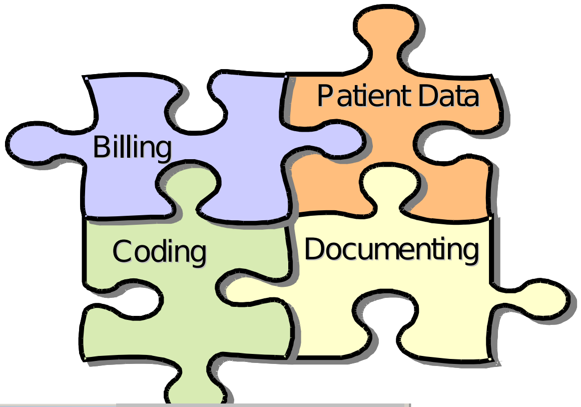
Click in Erred Field within Claim

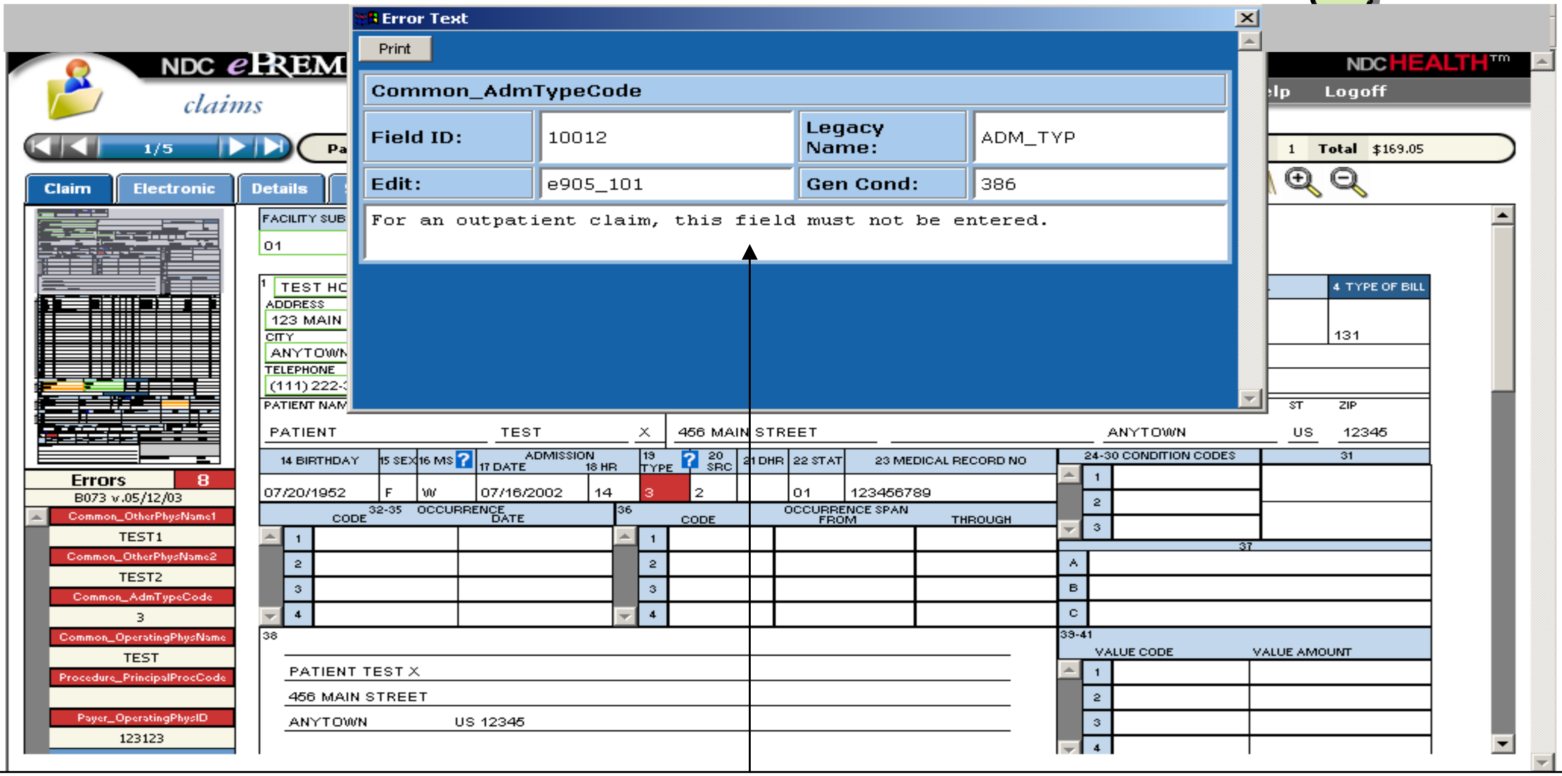
to Correct Field in Claim

CORE COMPETENCIES

Review ePREMIS Functionality

Error Text Box


Patient Data
Billing
Coding
Documenting


Error Text
Print
NDC ePREMIS claims
NDC HEALTH
Help Logoff
Claim
Electronic
Details

Common_AdmTypeCode

Field ID:	10012	Legacy Name:	ADM_TYP
Edit:	e905_101	Gen Cond:	386

For an outpatient claim, this field must not be entered.

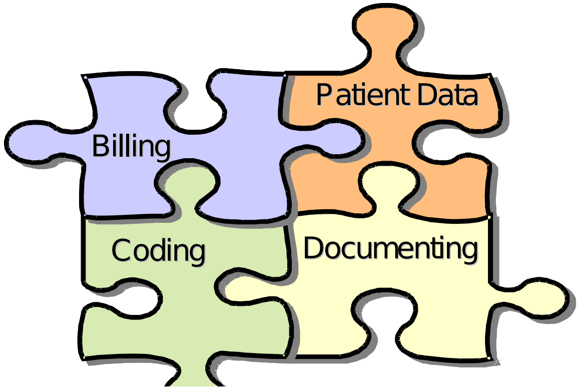
Errors 8
B073 v.05/12/03

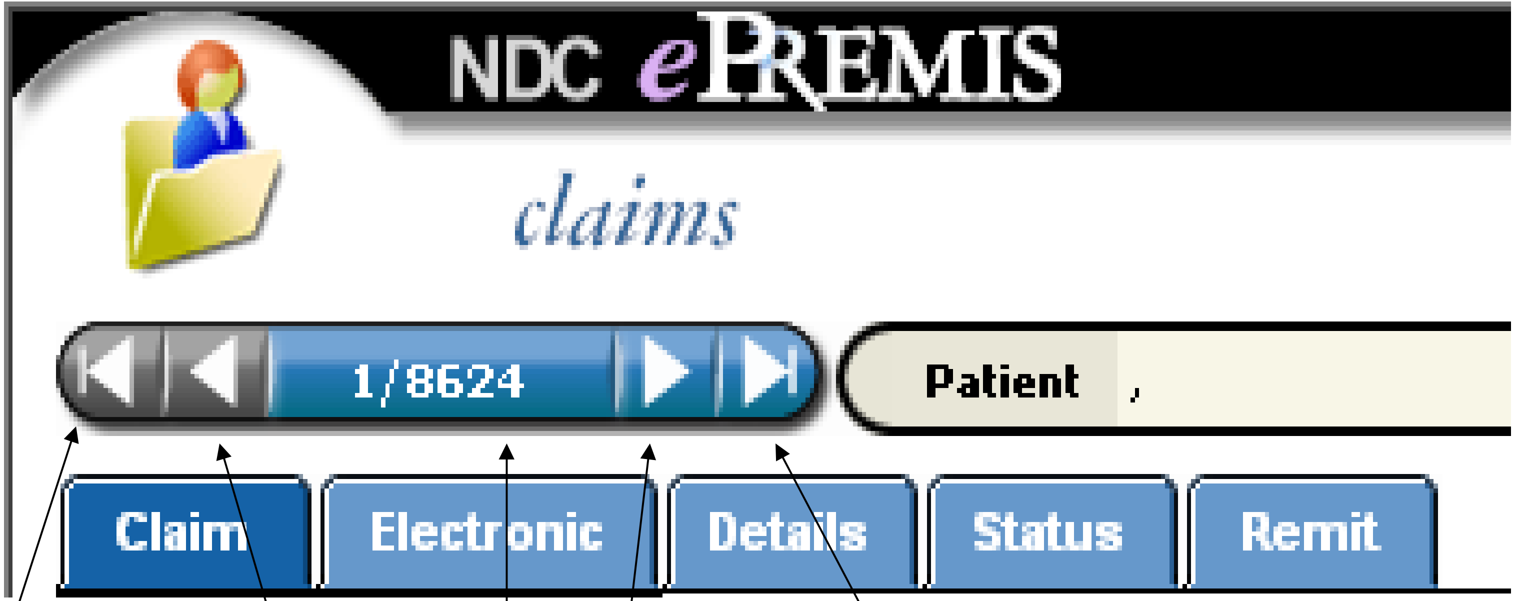
- Common_OtherPhysName1: TEST1
- Common_OtherPhysName2: TEST2
- Common_AdmTypeCode: 3
- Common_OperatingPhysName: TEST
- Procedure_PrincipalProcCode:
- Payer_OperatingPhysID: 123123

Error Text Box can have information copied from it.

Review ePREMIS Functionality

Navigation within Working Group


Patient Data
Billing
Coding
Documenting


NDC ePREMIS
claims
1/8624
Patient
Claim
Electronic
Details
Status
Remit

First Claim

Last Claim

Previous Claim

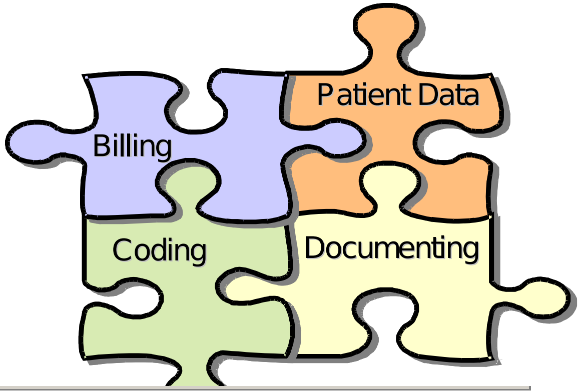
Next Claim

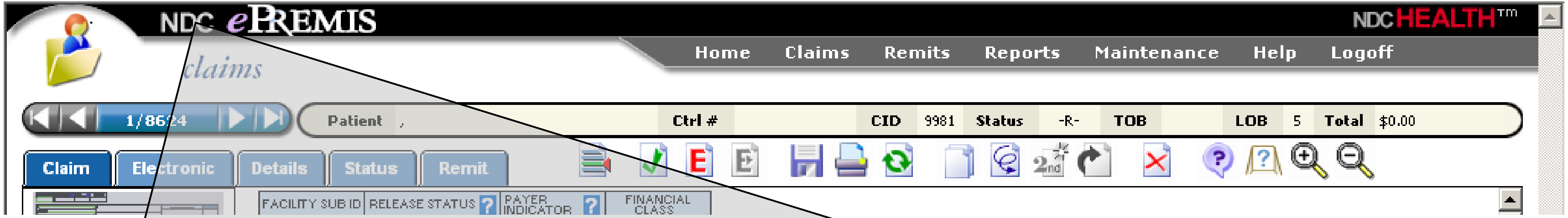
Double Click for List of All Claims in Working Group

CORE COMPETENCIES

Review ePREMIS Functionality

Working Group List

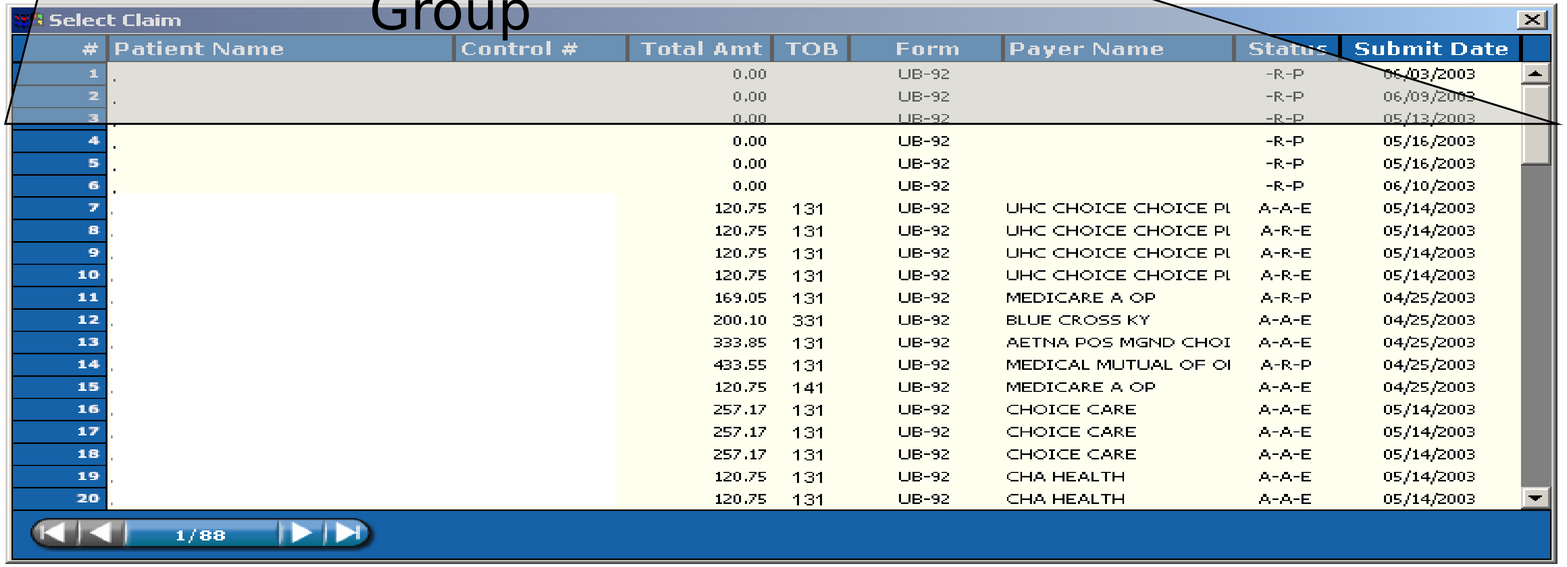

Patient Data
Billing
Coding
Documenting


NDC ePREMIS
NDCHEALTH™
Home
Claims
Remits
Reports
Maintenance
Help
Logoff
claims
Claim
Electronic
Details
Status
Remit
FACILITY SUB ID
RELEASE STATUS
PAYER INDICATOR
FINANCIAL CLASS

1/86?4

Patient ,
Ctrl #
CID 9981
Status -R-
TOB
LOB 5
Total $0.00

Double Click for Working Group

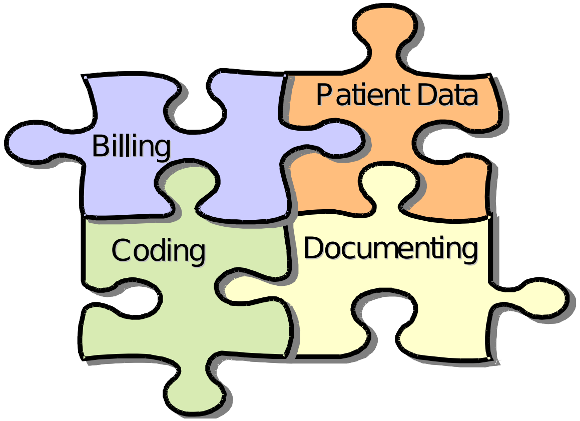

Select Claim
1/88

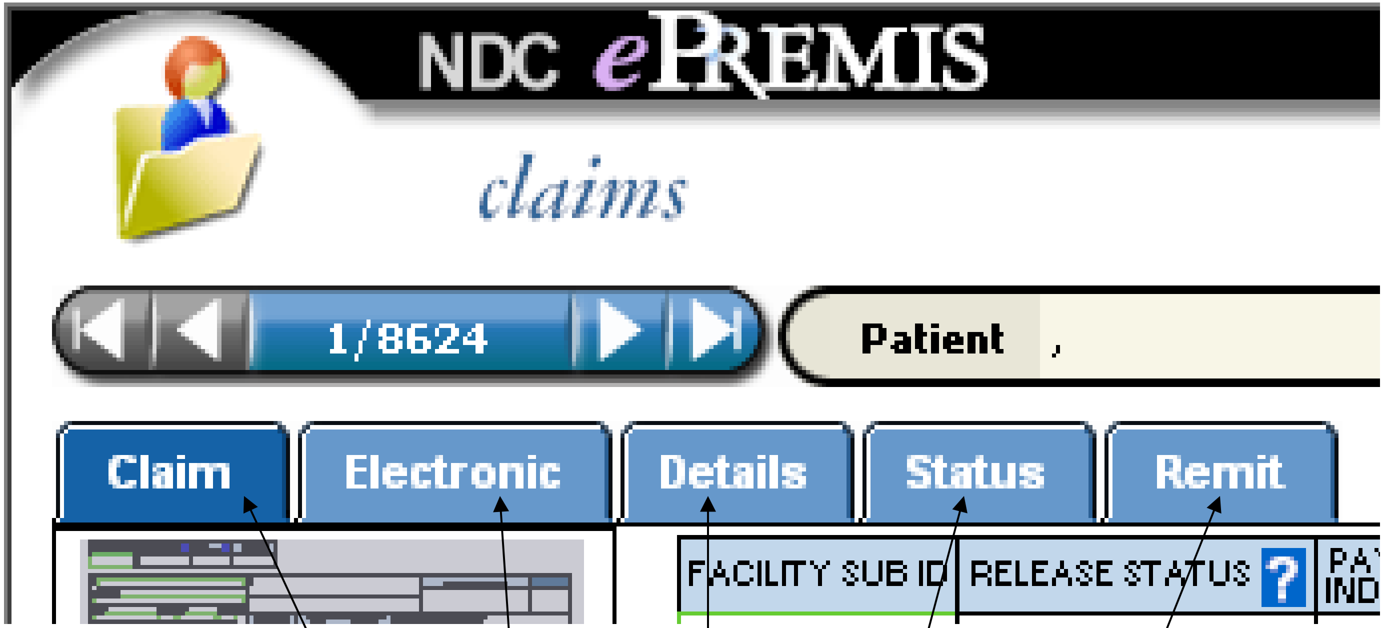
#	Patient Name	Control #	Total Amt	TOB	Form	Payer Name	Status	Submit Date
1	.		0.00		UB-92		-R-P	06/03/2003
2	.		0.00		UB-92		-R-P	06/09/2003
3	.		0.00		UB-92		-R-P	05/13/2003
4	.		0.00		UB-92		-R-P	05/16/2003
5	.		0.00		UB-92		-R-P	05/16/2003
6	.		0.00		UB-92		-R-P	06/10/2003
7	[redacted]	[redacted]	120.75	131	UB-92	UHC CHOICE CHOICE PL	A-A-E	05/14/2003
8	[redacted]	[redacted]	120.75	131	UB-92	UHC CHOICE CHOICE PL	A-R-E	05/14/2003
9	[redacted]	[redacted]	120.75	131	UB-92	UHC CHOICE CHOICE PL	A-R-E	05/14/2003
10	[redacted]	[redacted]	120.75	131	UB-92	UHC CHOICE CHOICE PL	A-R-E	05/14/2003
11	[redacted]	[redacted]	169.05	131	UB-92	MEDICARE A OP	A-R-P	04/25/2003
12	[redacted]	[redacted]	200.10	331	UB-92	BLUE CROSS KY	A-A-E	04/25/2003
13	[redacted]	[redacted]	333.85	131	UB-92	AETNA POS MGND CHOI	A-A-E	04/25/2003
14	[redacted]	[redacted]	433.55	131	UB-92	MEDICAL MUTUAL OF OI	A-R-P	04/25/2003
15	[redacted]	[redacted]	120.75	141	UB-92	MEDICARE A OP	A-A-E	04/25/2003
16	[redacted]	[redacted]	257.17	131	UB-92	CHOICE CARE	A-A-E	05/14/2003
17	[redacted]	[redacted]	257.17	131	UB-92	CHOICE CARE	A-A-E	05/14/2003
18	[redacted]	[redacted]	257.17	131	UB-92	CHOICE CARE	A-A-E	05/14/2003
19	[redacted]	[redacted]	120.75	131	UB-92	CHA HEALTH	A-A-E	05/14/2003
20	[redacted]	[redacted]	120.75	131	UB-92	CHA HEALTH	A-A-E	05/14/2003

CORE COMPETENCIES

Review ePREMIS Functionality

Tabs


Patient Data
Billing
Coding
Documenting


NDC ePREMIS
claims
1/8624
Patient
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Claim
Electronic
Details
Status
Remit
FACILITY SUB ID
RELEASE STATUS
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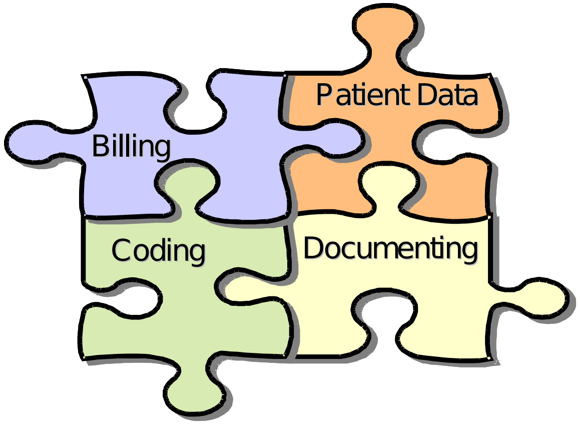
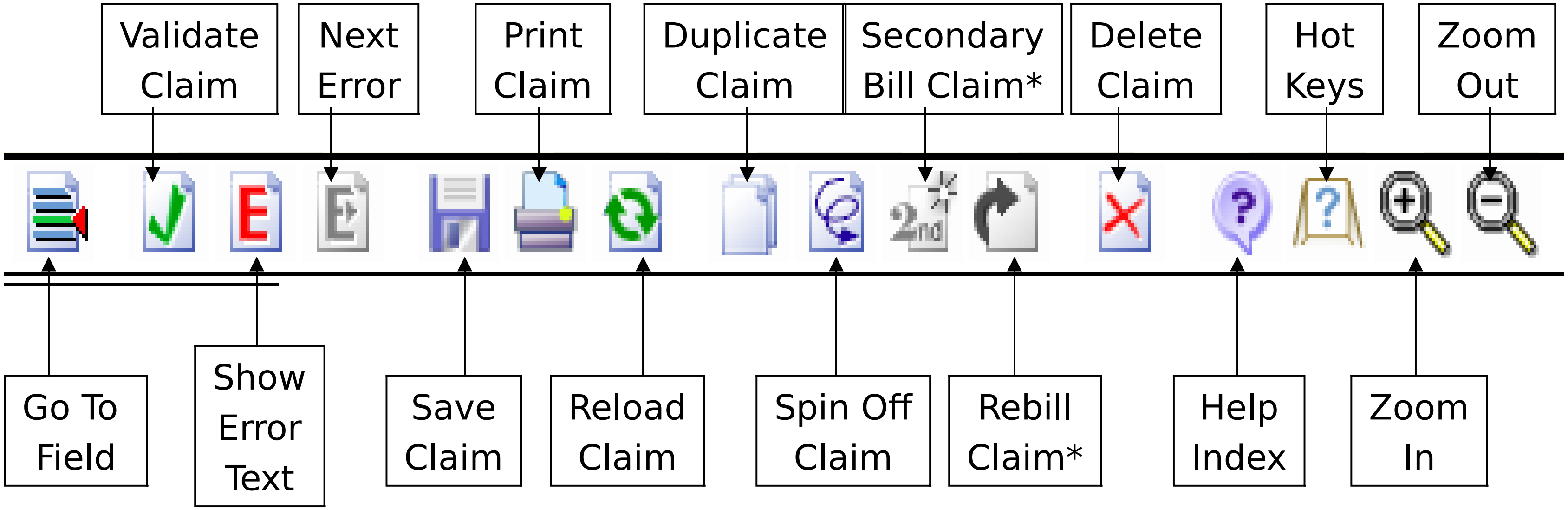
Tabs for Each Page of Claim Information

Review ePREMIS Functionality

Icons





Validate Claim

Next Error

Print Claim

Duplicate Claim

Secondary Bill Claim*

Delete Claim

Hot Keys

Zoom Out

Go To Field

Show Error Text

Save Claim

Reload Claim

Spin Off Claim

Rebill Claim*

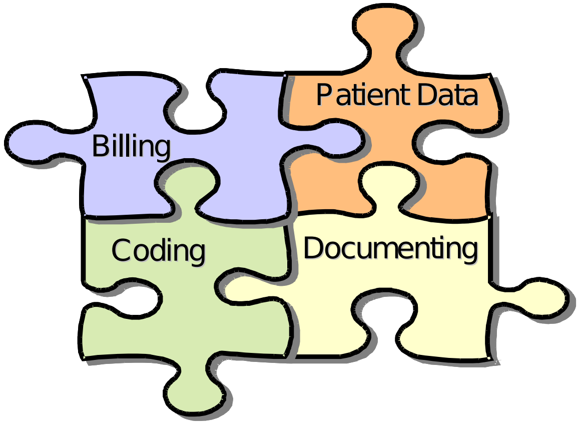
Help Index

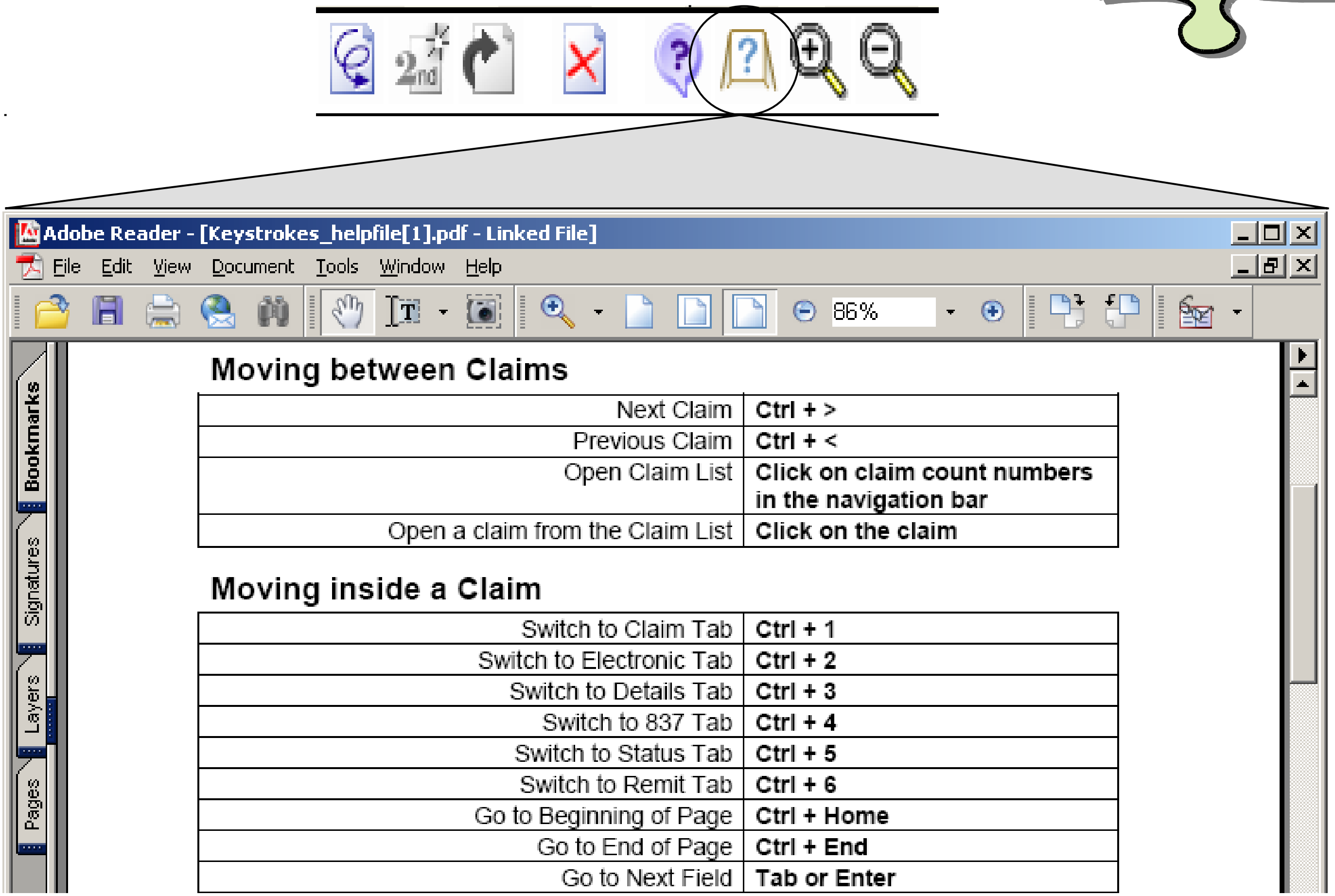
Zoom In

Use the Mouse Pointer to Hover Over the Icon and Display Its Tool Tip

Review ePREMIS Functionality

Hot Keys


Patient Data
Billing
Coding
Documenting


Adobe Reader - [Keystrokes_helpfile[1].pdf - Linked File]
File Edit View Document Tools Window Help
86%
Bookmarks
Signatures
Layers
Pages

Moving between Claims

Next Claim	**Ctrl + >**
Previous Claim	**Ctrl + <**
Open Claim List	**Click on claim count numbers in the navigation bar**
Open a claim from the Claim List	**Click on the claim**

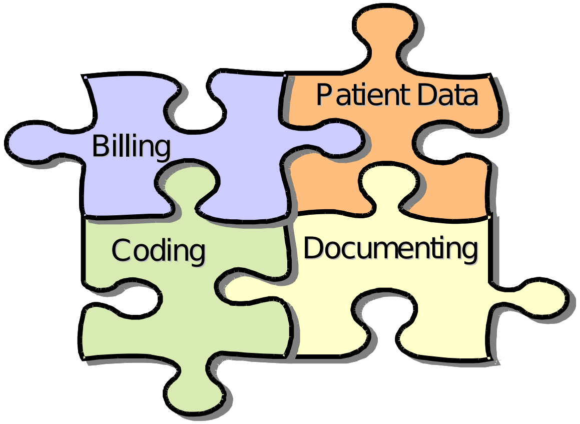
Moving inside a Claim

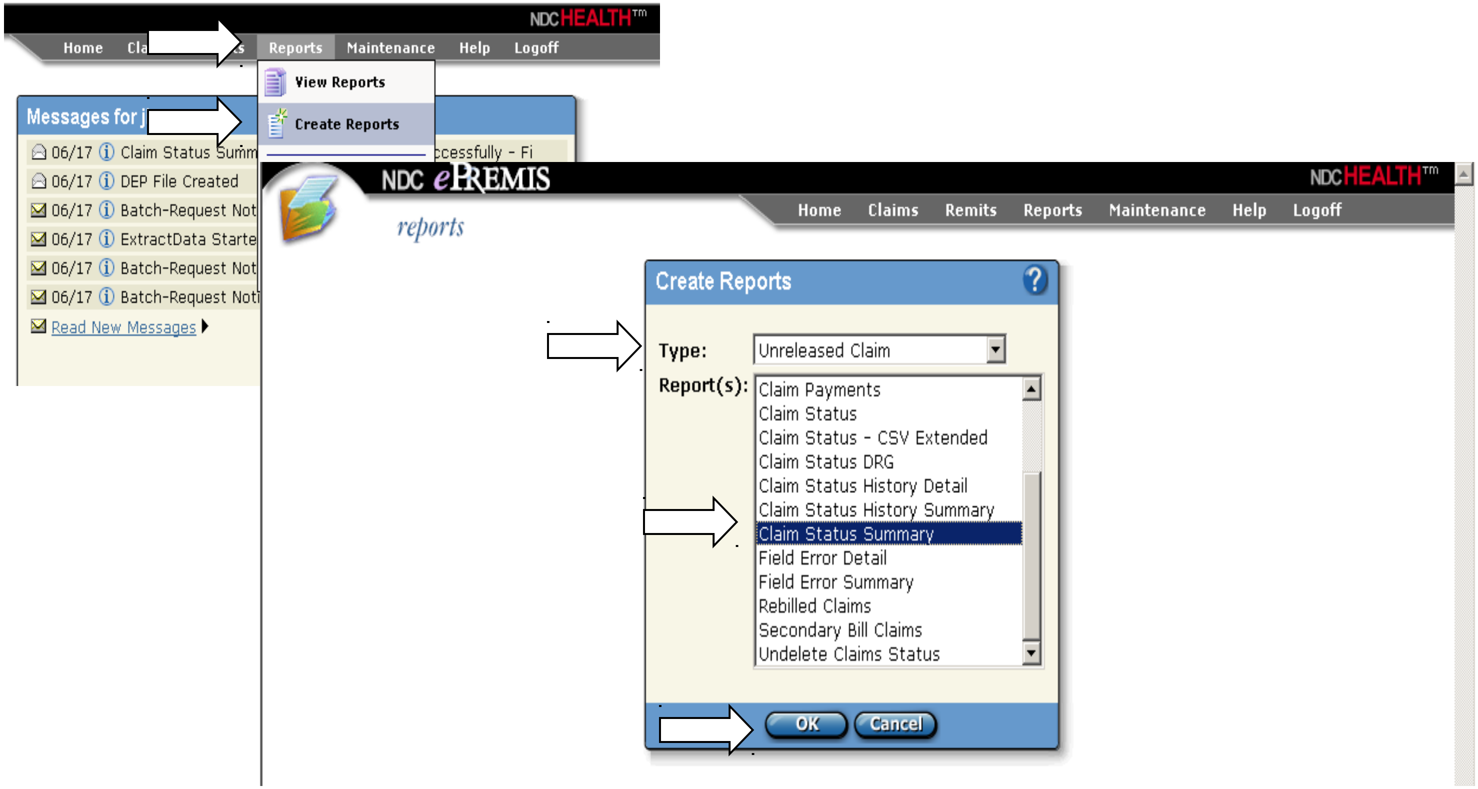
Switch to Claim Tab	**Ctrl + 1**
Switch to Electronic Tab	**Ctrl + 2**
Switch to Details Tab	**Ctrl + 3**
Switch to 837 Tab	**Ctrl + 4**
Switch to Status Tab	**Ctrl + 5**
Switch to Remit Tab	**Ctrl + 6**
Go to Beginning of Page	**Ctrl + Home**
Go to End of Page	**Ctrl + End**
Go to Next Field	**Tab or Enter**

CORE COMPETENCIES

Review ePREMIS Functionality

On-Demand Reports


Billing
Patient Data
Coding
Documenting


NDC HEALTH™
Home
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Reports
Maintenance
Help
Logoff
View Reports
Create Reports
Messages for j
NDC ePREMIS
NDC HEALTH™
reports
Home
Claims
Remits
Reports
Maintenance
Help
Logoff
OK
Cancel

06/17 Claim Status Summ

06/17 DEP File Created

06/17 Batch-Request Not

06/17 ExtractData Starte

06/17 Batch-Request Not

06/17 Batch-Request Noti

Read New Messages

ccessfully - Fi

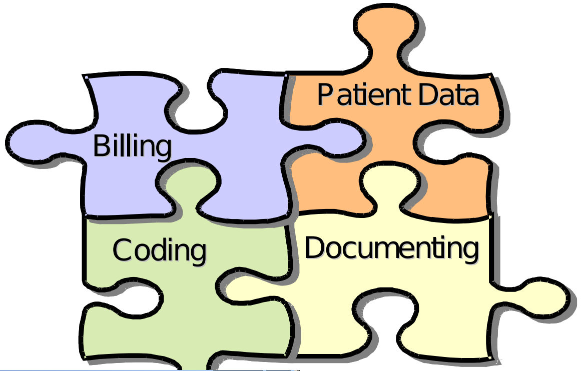
Create Reports

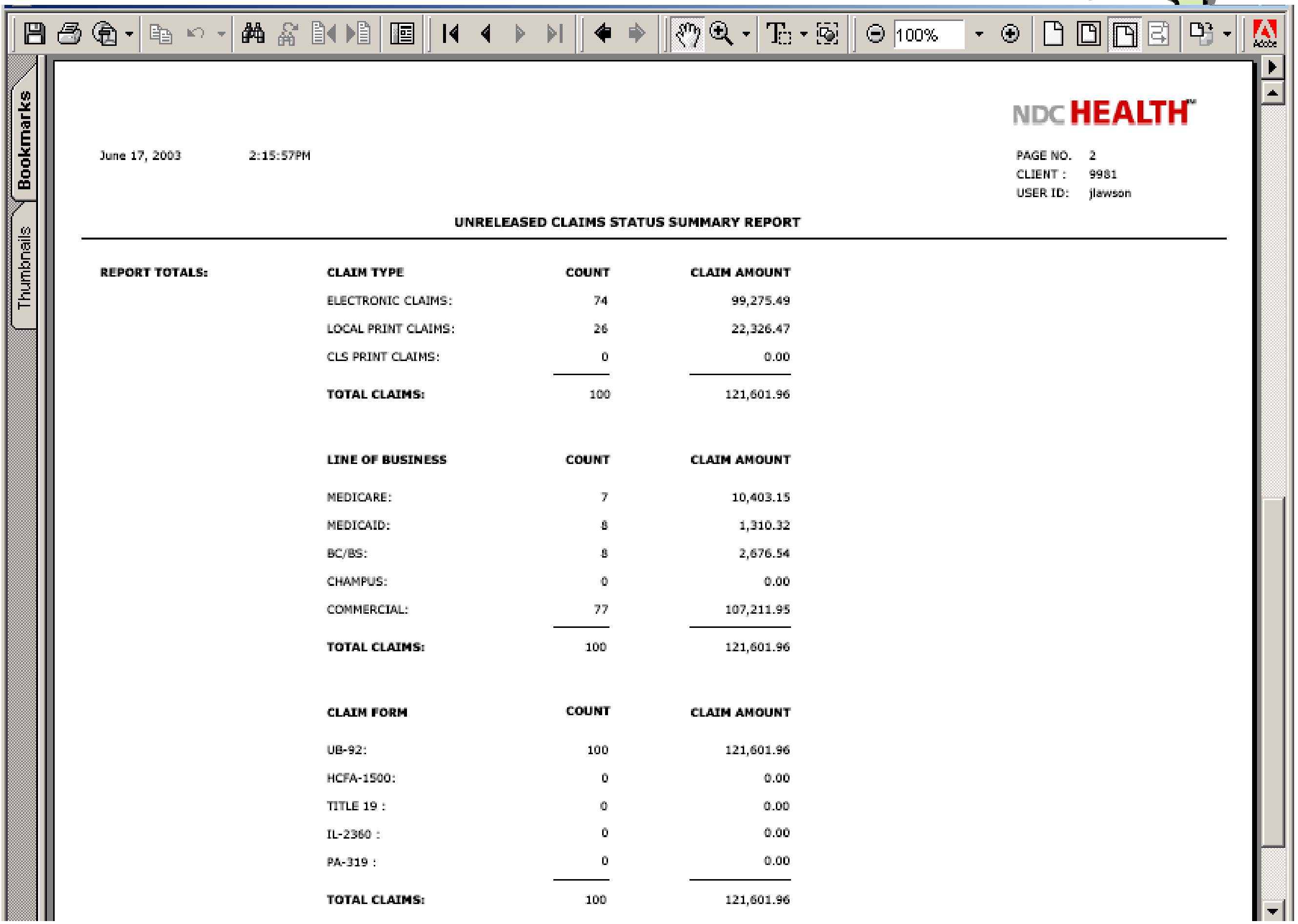
Type: Unreleased Claim

Report(s):
- Claim Payments
- Claim Status
- Claim Status - CSV Extended
- Claim Status DRG
- Claim Status History Detail
- Claim Status History Summary
- Claim Status Summary
- Field Error Detail
- Field Error Summary
- Rebilled Claims
- Secondary Bill Claims
- Undelete Claims Status

Review ePREMIS Functionality

Sample Summary Report





NDC HEALTH™

June 17, 2003 2:15:57PM

PAGE NO. 2
CLIENT : 9981
USER ID: jlawson

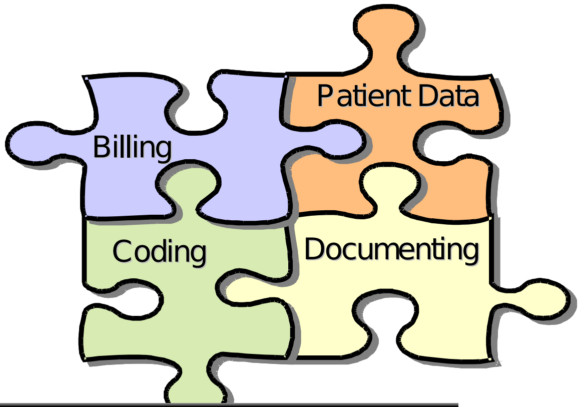
UNRELEASED CLAIMS STATUS SUMMARY REPORT

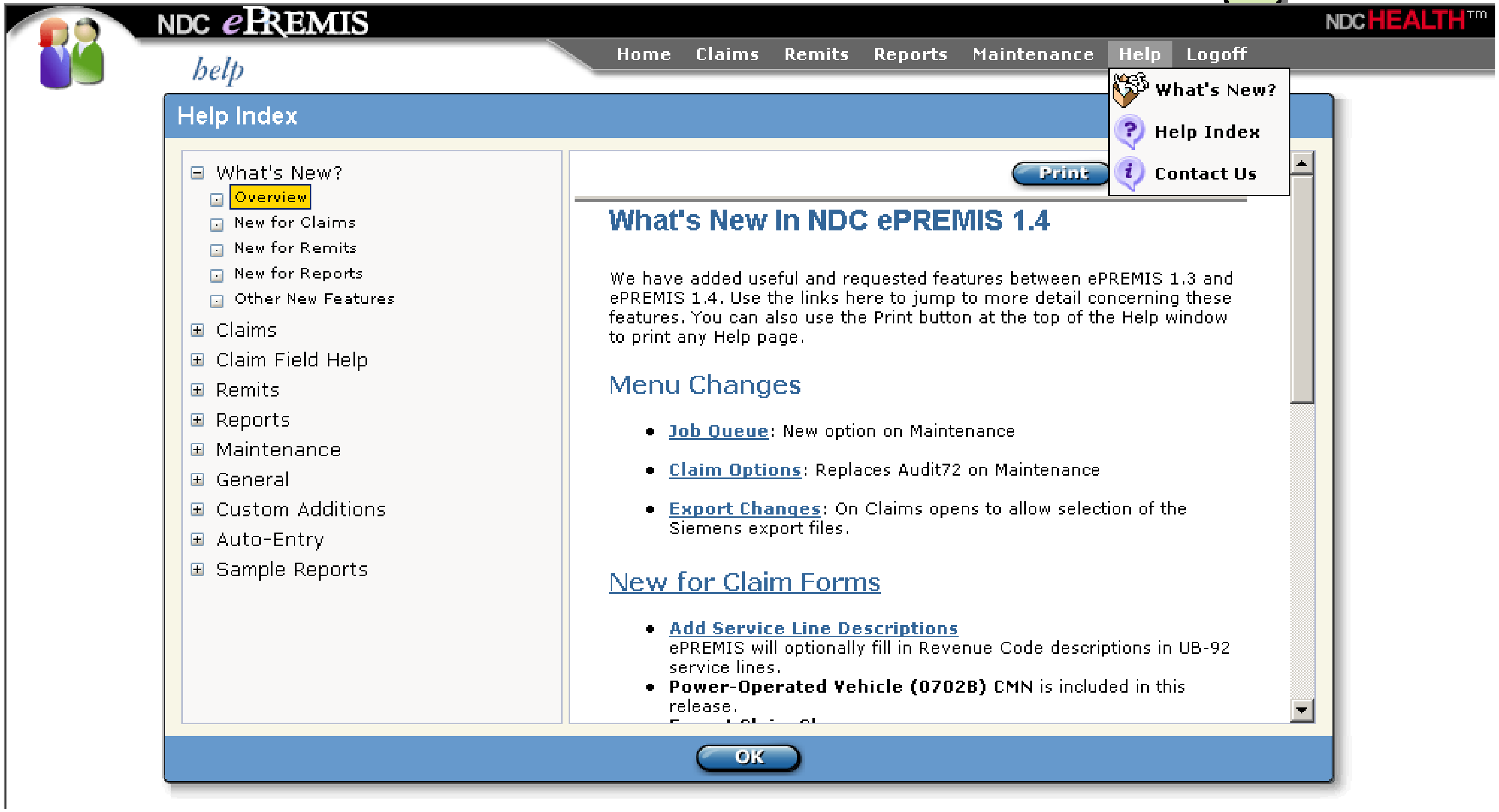
REPORT TOTALS:	CLAIM TYPE	COUNT	CLAIM AMOUNT
	ELECTRONIC CLAIMS:	74	99,275.49
	LOCAL PRINT CLAIMS:	26	22,326.47
	CLS PRINT CLAIMS:	0	0.00
	TOTAL CLAIMS:	100	121,601.96
	LINE OF BUSINESS	COUNT	CLAIM AMOUNT
	MEDICARE:	7	10,403.15
	MEDICAID:	8	1,310.32
	BC/BS:	8	2,676.54
	CHAMPUS:	0	0.00
	COMMERCIAL:	77	107,211.95
	TOTAL CLAIMS:	100	121,601.96
	CLAIM FORM	COUNT	CLAIM AMOUNT
	UB-92:	100	121,601.96
	HCFA-1500:	0	0.00
	TITLE 19 :	0	0.00
	IL-2360 :	0	0.00
	PA-319 :	0	0.00
	TOTAL CLAIMS:	100	121,601.96

CORE COMPETENCIES

Review ePREMIS Functionality

On-Line Interactive Help


Patient Data
Billing
Coding
Documenting


NDC ePREMIS
NDCHEALTH™
help
Home
Claims
Remits
Reports
Maintenance
Help
Logoff
What's New?
Help Index
Contact Us
Help Index
Print
OK
⊟ What's New?
Overview
New for Claims
New for Remits
New for Reports
Other New Features
⊞ Claims
⊞ Claim Field Help
⊞ Remits
⊞ Reports
⊞ Maintenance
⊞ General
⊞ Custom Additions
⊞ Auto-Entry
⊞ Sample Reports

What's New In NDC ePREMIS 1.4

We have added useful and requested features between ePREMIS 1.3 and ePREMIS 1.4. Use the links here to jump to more detail concerning these features. You can also use the Print button at the top of the Help window to print any Help page.

Menu Changes

- **Job Queue**: New option on Maintenance
- **Claim Options**: Replaces Audit72 on Maintenance
- **Export Changes**: On Claims opens to allow selection of the Siemens export files.

New for Claim Forms

- **Add Service Line Descriptions**
  ePREMIS will optionally fill in Revenue Code descriptions in UB-92 service lines.
- **Power-Operated Vehicle (0702B) CMN** is included in this release.

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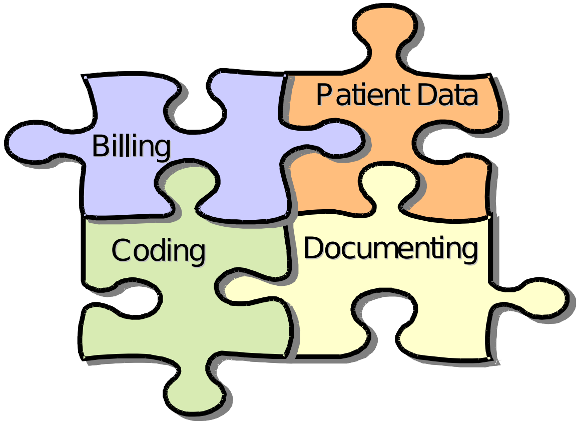
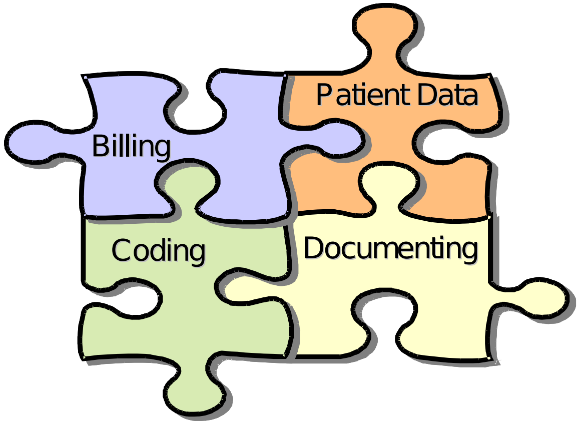
Recognize the Improvements of TPOCS with ePREMIS


Patient Data
Billing
Coding
Documenting

- View/Modify Rejected Claims
- Resubmit Claims after Correction is Done
- Re-bill Claims
- View/Create Reports
- View Submission Reports from Clearinghouse
- View Claim Acceptance Response Reports from Payer
- View EOB from Payer

CORE COMPETENCIES

Recognize the Challenges of TPOCS with ePREMIS

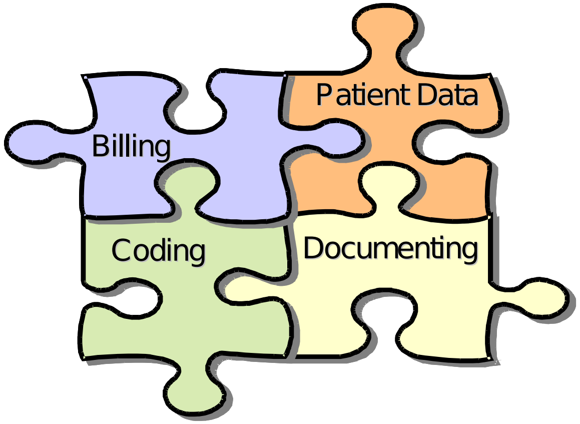

Billing
Patient Data
Coding
Documenting

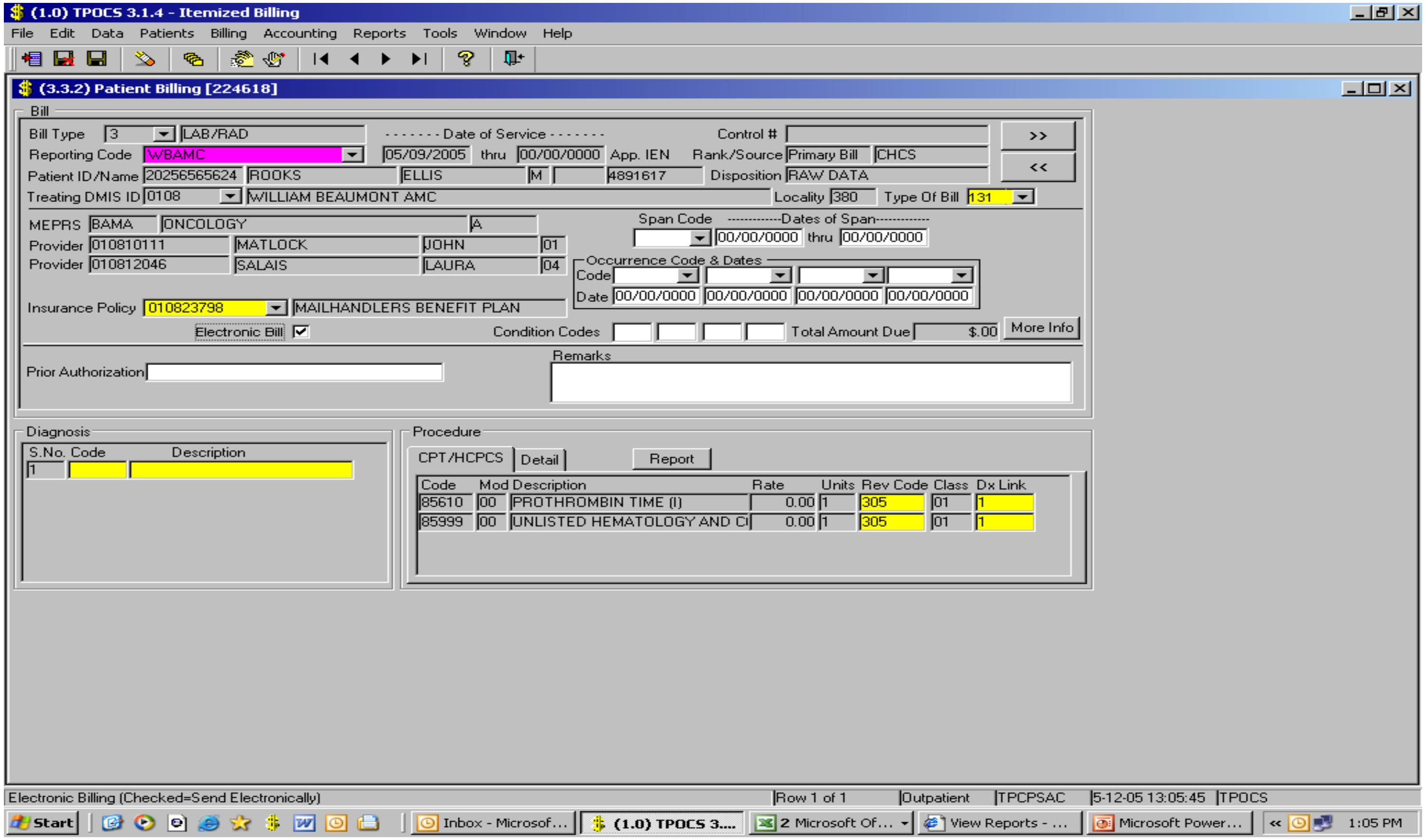
- Initial Master File Set-Up
- Configuring User Workstations
- Becoming Familiar with Reports
- Correcting Rejected Claims
- Creating Personal Filters for Working Groups

CORE COMPETENCIES

Recognize the Challenges of TPOCS with ePREMIS

Double Check Claims for eBilling in TPOCS Before Transmitting


Patient Data
Billing
Coding
Documenting


(1.0) TPOCS 3.1.4 - Itemized Billing
File
Edit
Data
Patients
Billing
Accounting
Reports
Tools
Window
Help
>>
<<
More Info
CPT/HCPCS
Detail
Report
Start
Inbox - Microsof...
(1.0) TPOCS 3....
2 Microsoft Of...
View Reports - ...
Microsoft Power...
1:05 PM

(3.3.2) Patient Billing [224618]

Bill

Bill Type: 3 LAB/RAD

Reporting Code: WBAMC

Date of Service: 05/09/2005 thru 00/00/0000

App. IEN:

Control #:

Rank/Source: Primary Bill CHCS

Patient ID/Name: 20256565624 ROOKS ELLIS M 4891617

Disposition: RAW DATA

Treating DMIS ID: 0108 WILLIAM BEAUMONT AMC

Locality: 380

Type Of Bill: 131

MEPRS: BAMA ONCOLOGY A

Provider: 010810111 MATLOCK JOHN 01

Provider: 010812046 SALAIS LAURA 04

Span Code: ----------Dates of Span---------- 00/00/0000 thru 00/00/0000

Occurrence Code & Dates

Code:

Date: 00/00/0000 00/00/0000 00/00/0000 00/00/0000

Insurance Policy: 010823798 MAILHANDLERS BENEFIT PLAN

Electronic Bill ☑

Condition Codes:

Total Amount Due: $.00

Prior Authorization:

Remarks:

Diagnosis

S.No.	Code	Description
1		

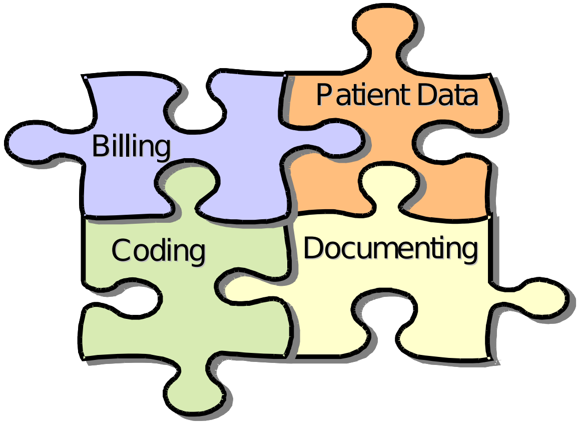
Procedure

Code	Mod	Description	Rate	Units	Rev Code	Class	Dx Link
85610	00	PROTHROMBIN TIME (I)	0.00	1	305	01	1
85999	00	UNLISTED HEMATOLOGY AND C	0.00	1	305	01	1

Electronic Billing (Checked=Send Electronically) | Row 1 of 1 | Outpatient | TPCPSAC | 5-12-05 13:05:45 | TPOCS

CORE COMPETENCIES

Reiterate Next Steps for ePREMIS at Your Facility

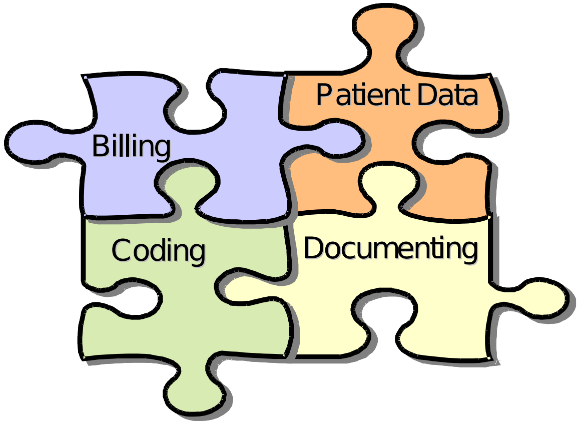


The Four Phases of ePREMIS Implementation:

Phase 1	Phase 2	Phase 3	Phase 4
Readiness	Preparation	Implementation	Transition
Client Completes Tasks in Anticipation of Working with Project Team	Project Team and Client Coordinate Set-Up and Customization	Training and Go-Live Occur	Client Moves into Customer Support

C O R E C O M P E T E N C I E S

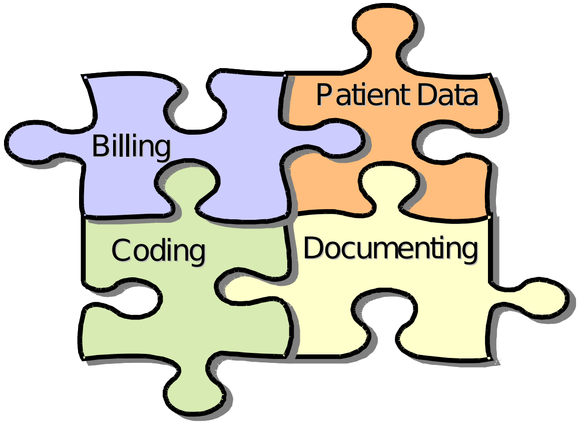
Summary



- ePREMIS is the Solution for Electronic Billing.
- ePREMIS Functionality exceeds Business Office Billing Needs.
- The improvements outweigh the challenges of Billing with TPOCS and ePREMIS.
- Following the Four Phases for Implementing ePREMIS is a Proven Method for eBilling Success.

CORE COMPETENCIES

ePREMIS and You

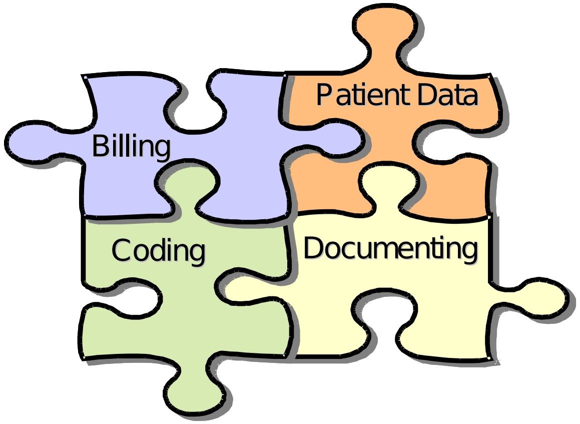

Patient Data
Billing
Coding
Documenting

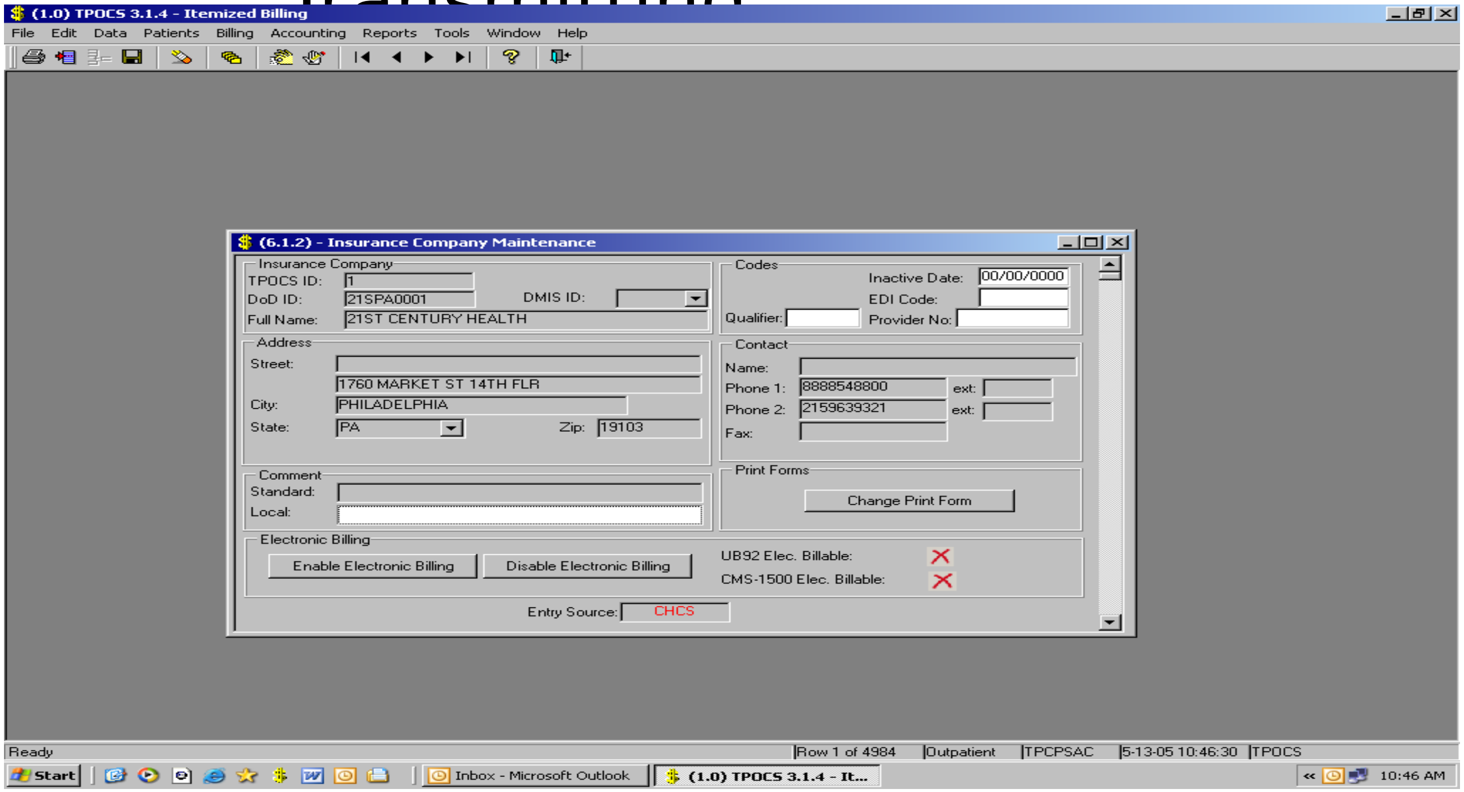
Plan Today for Tomorrow’s Success!

CORE COMPETENCIES

Challenges of TPOCS with Epremis

Double Check Insurance for eBilling in TPOCS Before Transmitting

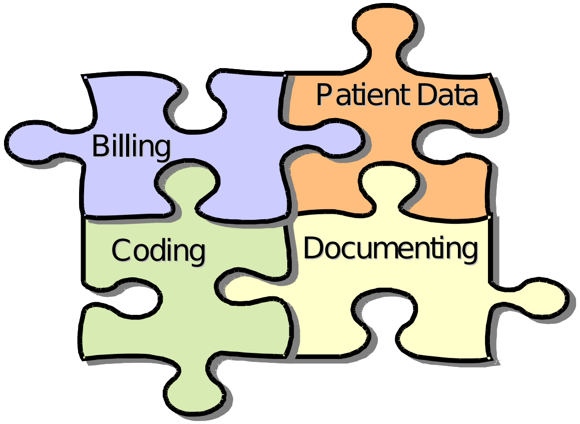

Patient Data
Billing
Coding
Documenting


(1.0) TPOCS 3.1.4 - Itemized Billing
File
Edit
Data
Patients
Billing
Accounting
Reports
Tools
Window
Help
(6.1.2) - Insurance Company Maintenance
Insurance Company
Codes
Address
Contact
Comment
Print Forms
Change Print Form
Electronic Billing
Enable Electronic Billing
Disable Electronic Billing
Start
Inbox - Microsoft Outlook
(1.0) TPOCS 3.1.4 - It...
10:46 AM

TPOCS ID: 1
DoD ID: 21SPA0001
DMIS ID:
Full Name: 21ST CENTURY HEALTH
Inactive Date: 00/00/0000
EDI Code:
Qualifier:
Provider No:
Street:
1760 MARKET ST 14TH FLR
City: PHILADELPHIA
State: PA
Zip: 19103
Name:
Phone 1: 8888548800 ext:
Phone 2: 2159639321 ext:
Fax:
Standard:
Local:
UB92 Elec. Billable: ☒
CMS-1500 Elec. Billable: ☒
Entry Source: CHCS

Ready | Row 1 of 4984 | Outpatient | TPCPSAC | 5-13-05 10:46:30 | TPOCS

CORE COMPETENCIES


Patient Data
Billing
Coding
Documenting

UBO Website Metrics/DD 2570

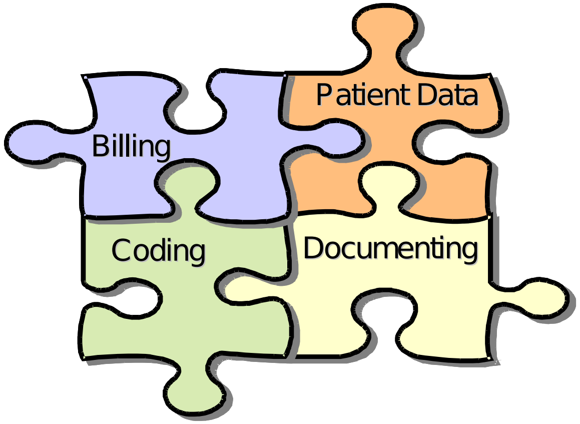
Tom White and Paula Palmore

May 17, 2005

Track 3, UBO Basic

CORE COMPETENCIES

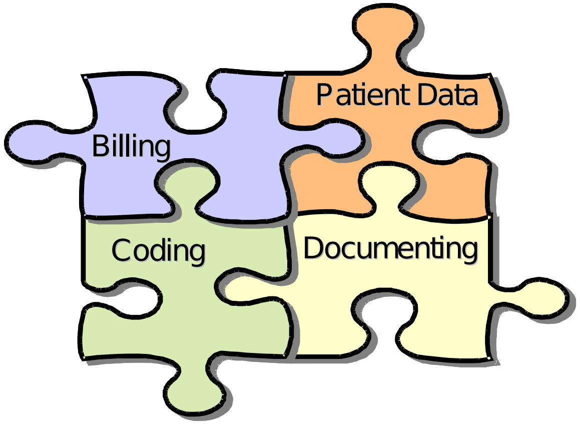
Objectives


Patient Data
Billing
Coding
Documenting

- Provide an overview of the UBO Third Party Collections Metrics Reporting System
- Provide basic instruction for users

CORE COMPETENCIES

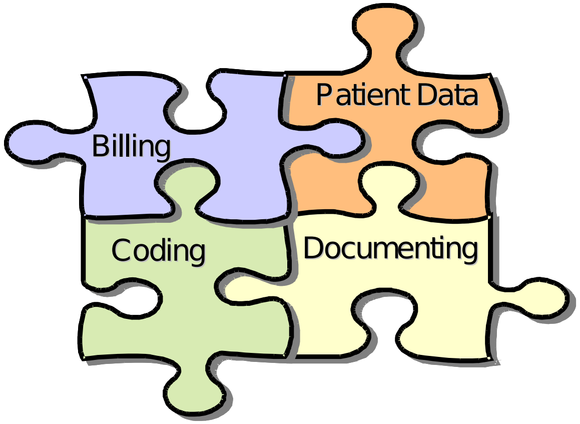
Types of TPC Metrics/ DD 2570 Data


Billing
Patient Data
Coding
Documenting

- Outpatient Visits/Inpatient Dispositions
- Number of Claims
- Number of Collections
- Amount Billed
- Amount Collected
- Adjustments and Refunds (Closed Claims)
- Amount Remaining Uncollected (Open Claims)

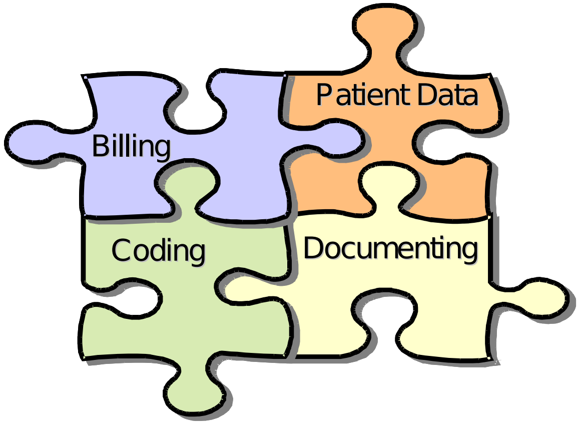
CORE COMPETENCIES

Source of TPC Metrics Data


Patient Data
Billing
Coding
Documenting

- CHCS for Inpatient
- TPOCS for Outpatient

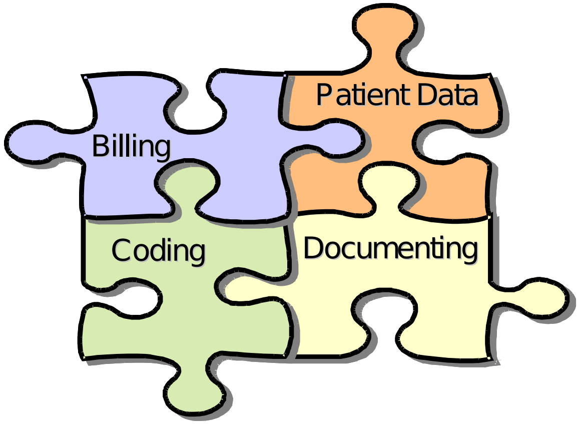
Metrics Data Collection and Validation Overview



- Military Treatment Facility (MTF) users gather and enter data into the Metrics System
- Metrics System rule-checks data and generates error messages requiring user correction
- Regional and Service Managers review and validate MTF data
- Data are frozen for upward reporting

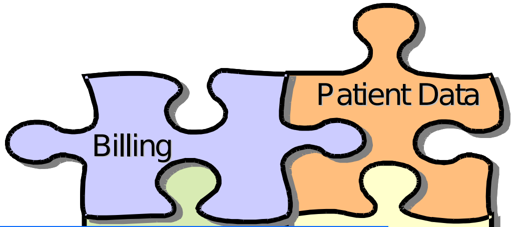
CORE COMPETENCIES

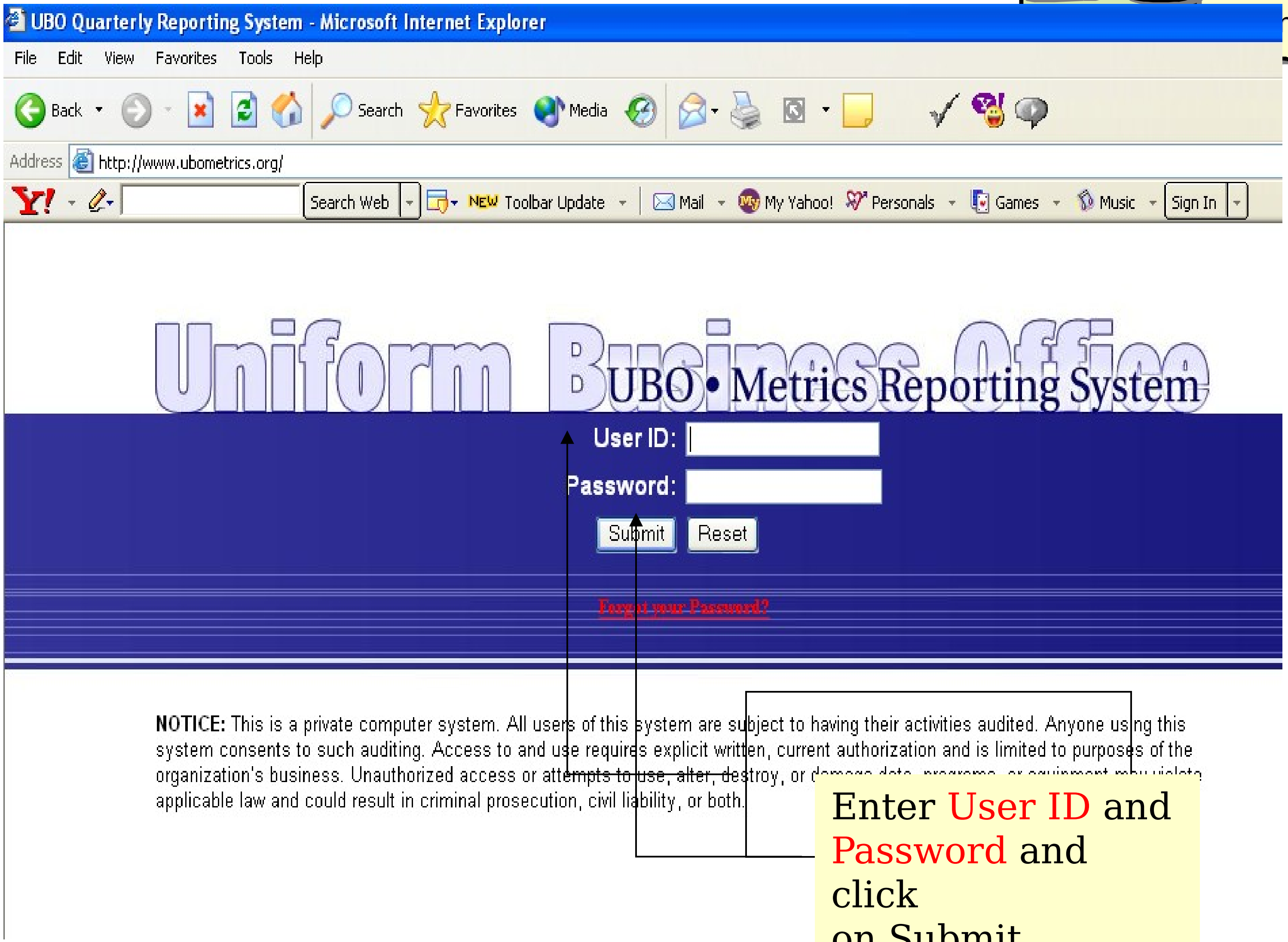
Using the Metrics Reporting System



- The Metrics Reporting System is a Web-based application
- A user needs
  - The URL – ubometrics.org
  - User ID
  - Password
- The points of contact listed at the end of this presentation can assist you with gaining system access
- The following slides provide annotated screen captures for the primary system functions

Login Page


Patient Data
Billing
enting


UBO Quarterly Reporting System - Microsoft Internet Explorer
File Edit View Favorites Tools Help
Back
Search
Favorites
Media
Address
Search Web
NEW Toolbar Update
Mail
My Yahoo!
Personals
Games
Music
Sign In
Uniform Business Office
UBO • Metrics Reporting System
Submit
Reset
Forgot your Password?

http://www.ubometrics.org/

User ID:

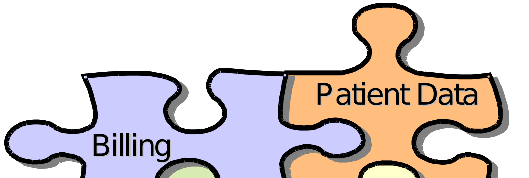
Password:

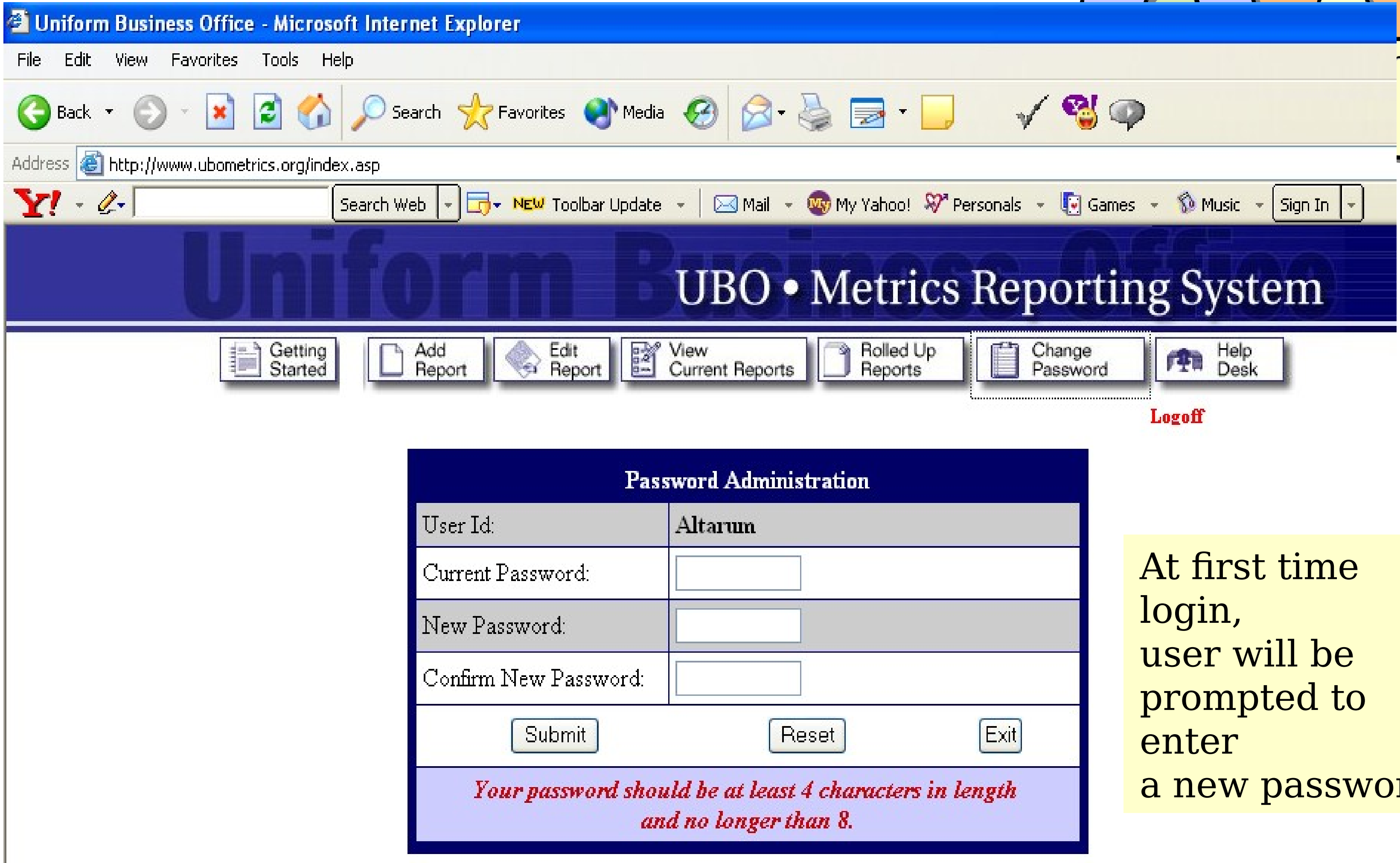
NOTICE: This is a private computer system. All users of this system are subject to having their activities audited. Anyone using this system consents to such auditing. Access to and use requires explicit written, current authorization and is limited to purposes of the organization's business. Unauthorized access or attempts to use, alter, destroy, or damage data, programs, or equipment may violate applicable law and could result in criminal prosecution, civil liability, or both.

Enter User ID and Password and click on Submit

CORE COMPETENCIES

Change Password Page


Patient Data
Billing
ng


Uniform Business Office - Microsoft Internet Explorer
File Edit View Favorites Tools Help
Back Search Favorites Media
Address
Search Web
NEW Toolbar Update
Mail
My Yahoo!
Personals
Games
Music
Sign In
Uniform Business Office
UBO • Metrics Reporting System
Getting Started
Add Report
Edit Report
View Current Reports
Rolled Up Reports
Change Password
Help Desk
Logoff
Submit
Reset
Exit

Address: http://www.ubometrics.org/index.asp

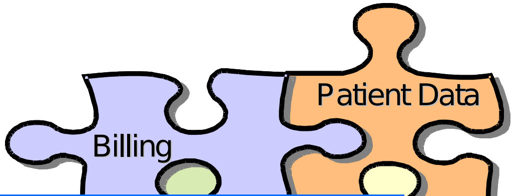
Password Administration

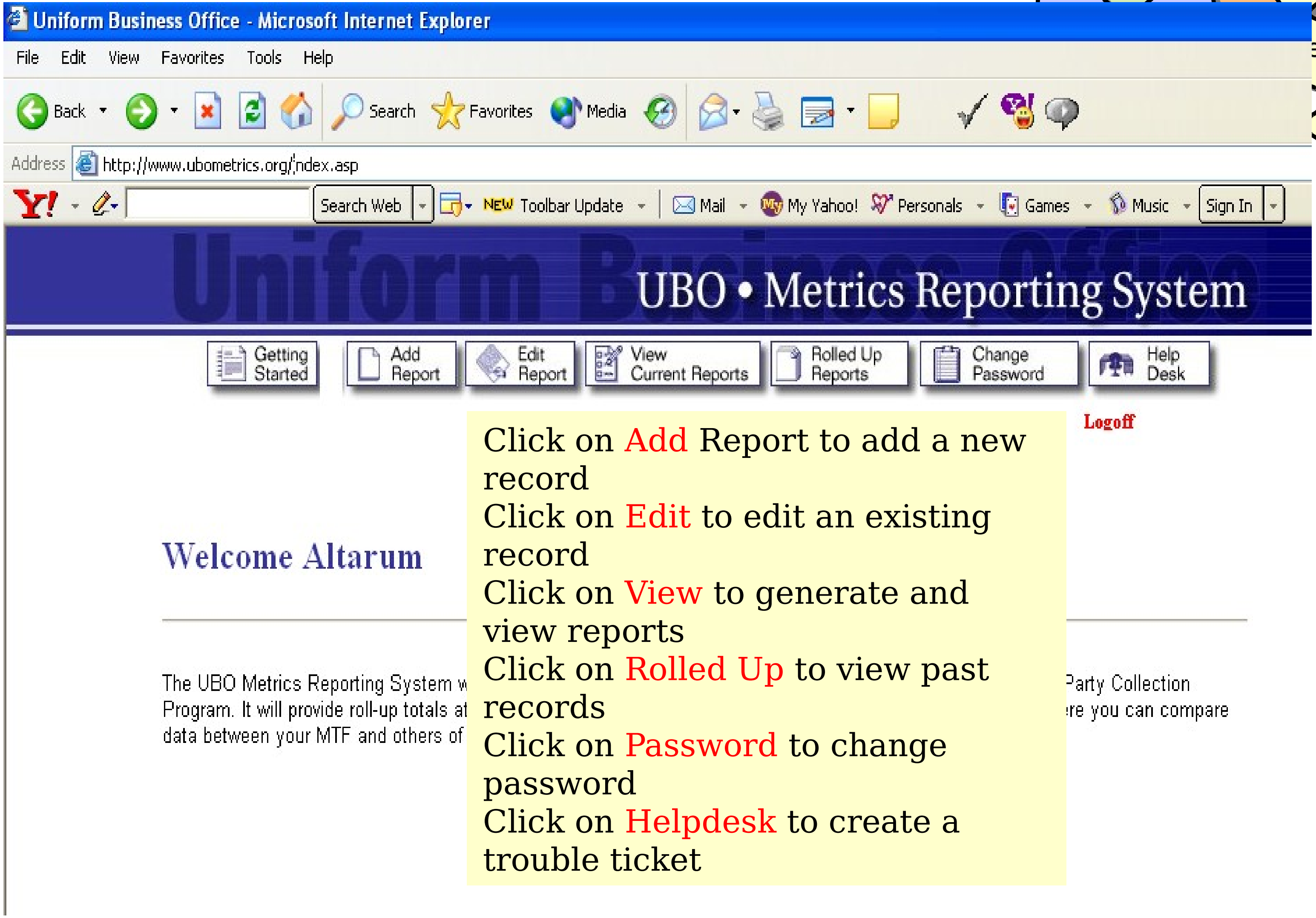
User Id:	Altarum
Current Password:	
New Password:	
Confirm New Password:	

Your password should be at least 4 characters in length and no longer than 8.

At first time login,
user will be prompted to enter
a new password

Welcome Page


Billing
Patient Data
enting


Uniform Business Office - Microsoft Internet Explorer
File Edit View Favorites Tools Help
Back Search Favorites Media
Address
Search Web
NEW Toolbar Update
Mail
My Yahoo!
Personals
Games
Music
Sign In
Uniform Business Office
UBO • Metrics Reporting System
Getting Started
Add Report
Edit Report
View Current Reports
Rolled Up Reports
Change Password
Help Desk
Logoff

http://www.ubometrics.org/index.asp

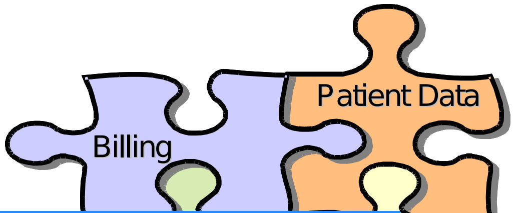
Welcome Altarum

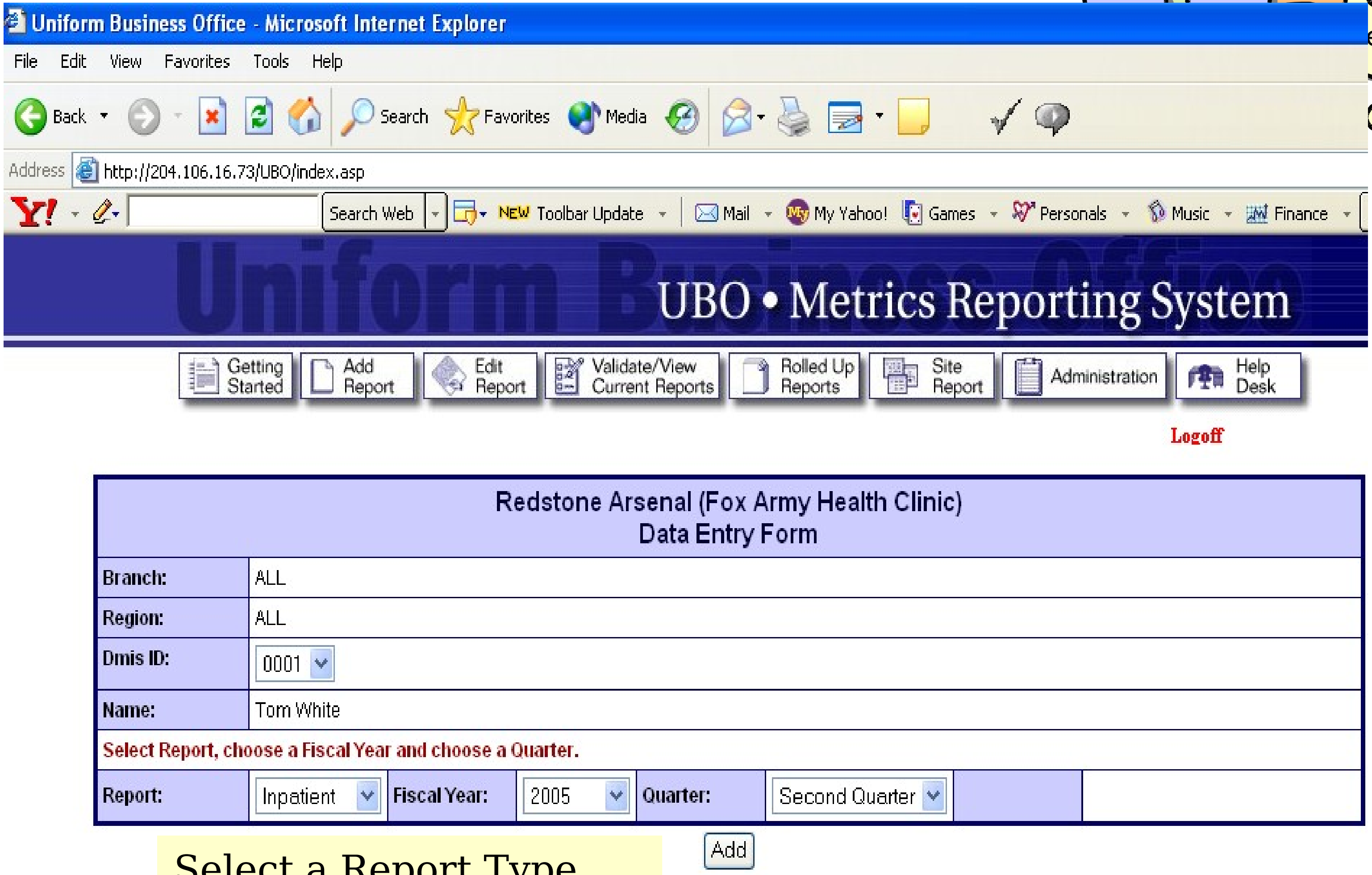
The UBO Metrics Reporting System w… Party Collection
Program. It will provide roll-up totals at… ere you can compare
data between your MTF and others of…

Click on Add Report to add a new record
Click on Edit to edit an existing record
Click on View to generate and view reports
Click on Rolled Up to view past records
Click on Password to change password
Click on Helpdesk to create a trouble ticket

CORE COMPETENCIES

Add Report Page


Patient Data
Billing
enting


Uniform Business Office - Microsoft Internet Explorer
File Edit View Favorites Tools Help
Back Search Favorites Media
Address http://204.106.16.73/UBO/index.asp
Search Web Toolbar Update Mail My Yahoo! Games Personals Music Finance
UBO • Metrics Reporting System
Getting Started
Add Report
Edit Report
Validate/View Current Reports
Rolled Up Reports
Site Report
Administration
Help Desk
Logoff

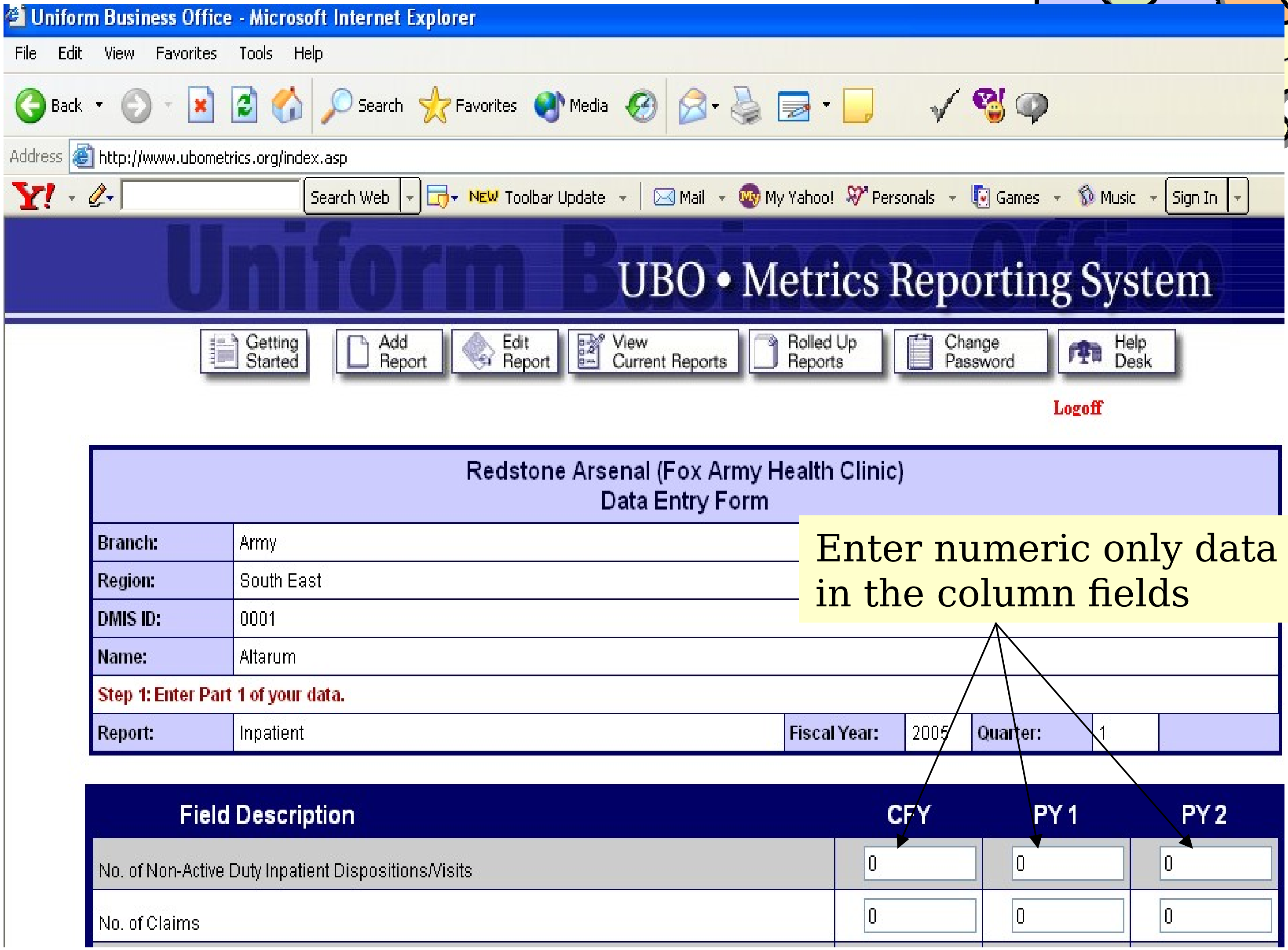
Redstone Arsenal (Fox Army Health Clinic)
Data Entry Form

Branch:	ALL				
Region:	ALL				
Dmis ID:	0001				
Name:	Tom White				
Select Report, choose a Fiscal Year and choose a Quarter.					
Report:	Inpatient	Fiscal Year:	2005	Quarter:	Second Quarter

Add

Select a Report Type, Fiscal Year and Quarter then click on Add

Add Report Page


Uniform Business Office - Microsoft Internet Explorer
File Edit View Favorites Tools Help
Back Search Favorites Media
Address http://www.ubometrics.org/index.asp
Y! Search Web NEW Toolbar Update Mail My Yahoo! Personals Games Music Sign In
UBO • Metrics Reporting System
Getting Started
Add Report
Edit Report
View Current Reports
Rolled Up Reports
Change Password
Help Desk
Logoff

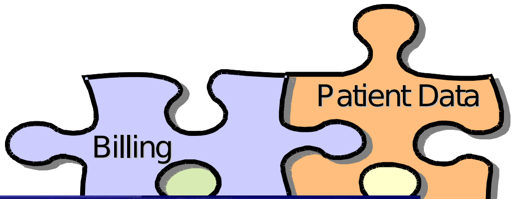
Redstone Arsenal (Fox Army Health Clinic)
Data Entry Form

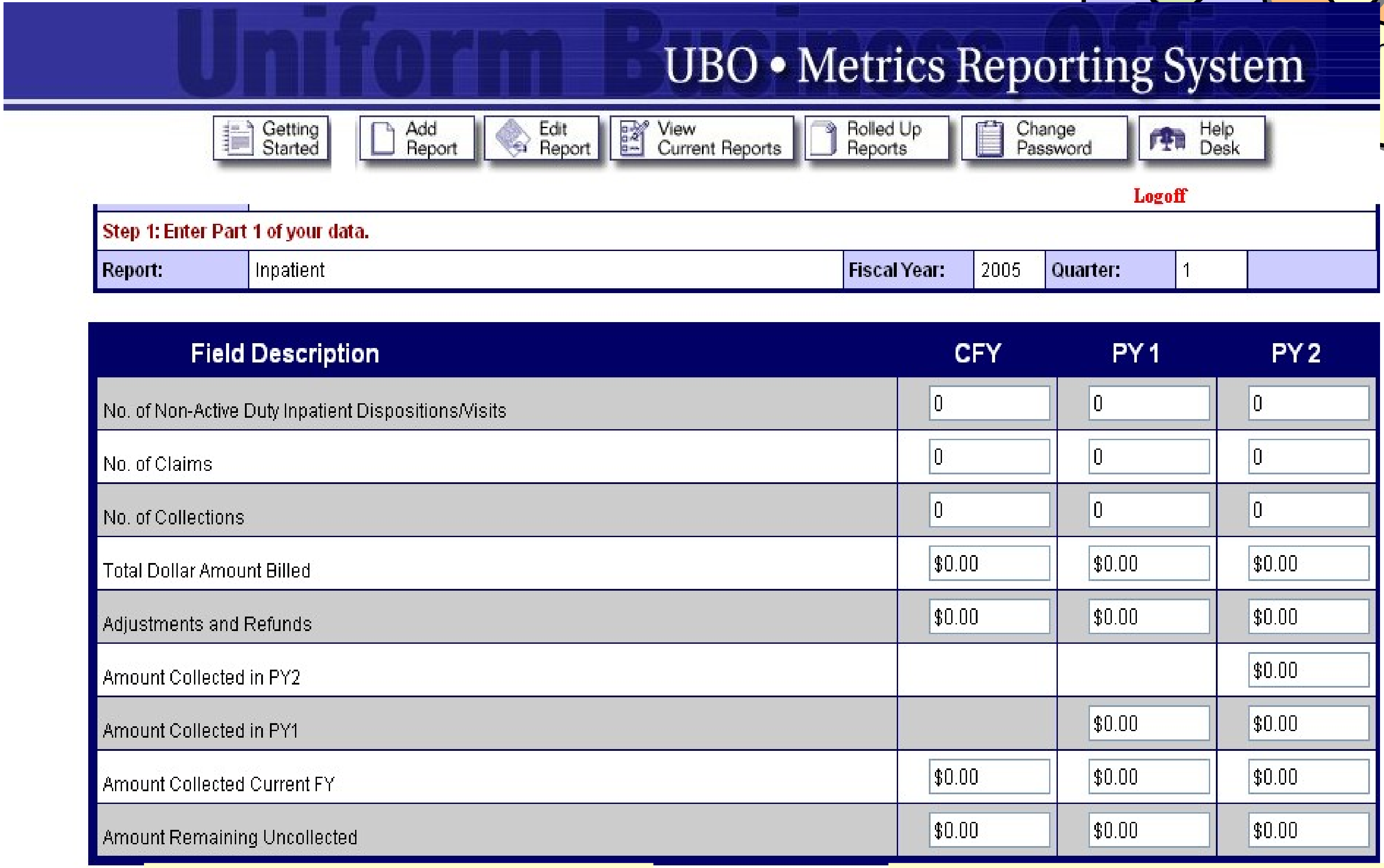
Branch:	Army				
Region:	South East				
DMIS ID:	0001				
Name:	Altarum				
Step 1: Enter Part 1 of your data.					
Report:	Inpatient	**Fiscal Year:**	2005	**Quarter:**	1

Field Description	CFY	PY 1	PY 2
No. of Non-Active Duty Inpatient Dispositions/Visits	0	0	0
No. of Claims	0	0	0

Enter numeric only data in the column fields

Add Report, Con’t


Patient Data
Billing
nting


Uniform Business Office
UBO • Metrics Reporting System
Getting Started
Add Report
Edit Report
View Current Reports
Rolled Up Reports
Change Password
Help Desk
Logoff

Step 1: Enter Part 1 of your data.

Report:	Inpatient	**Fiscal Year:**	2005	**Quarter:**	1	

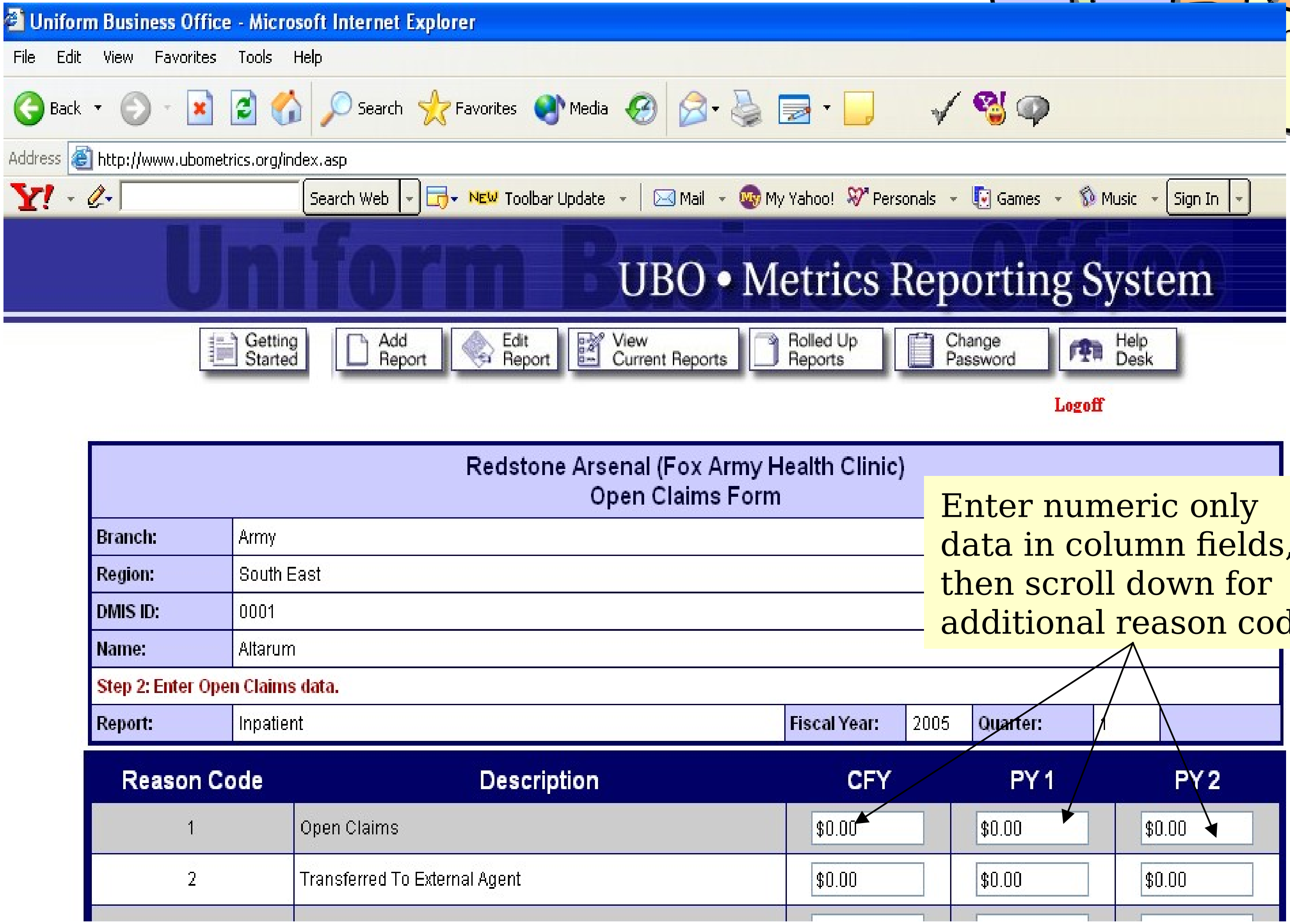
Field Description	CFY	PY 1	PY 2
No. of Non-Active Duty Inpatient Dispositions/Visits	0	0	0
No. of Claims	0	0	0
No. of Collections	0	0	0
Total Dollar Amount Billed	$0.00	$0.00	$0.00
Adjustments and Refunds	$0.00	$0.00	$0.00
Amount Collected in PY2			$0.00
Amount Collected in PY1		$0.00	$0.00
Amount Collected Current FY	$0.00	$0.00	$0.00
Amount Remaining Uncollected	$0.00	$0.00	$0.00

Press the Next button to save the data and move to the next step

Next Reset

Press the Reset button to clear all data and re-enter data

Add Report – Open Claims Data Page



Uniform Business Office - Microsoft Internet Explorer
File Edit View Favorites Tools Help
Back Search Favorites Media
Address http://www.ubometrics.org/index.asp
Search Web Toolbar Update Mail My Yahoo! Personals Games Music Sign In
UBO • Metrics Reporting System
Getting Started
Add Report
Edit Report
View Current Reports
Rolled Up Reports
Change Password
Help Desk
Logoff

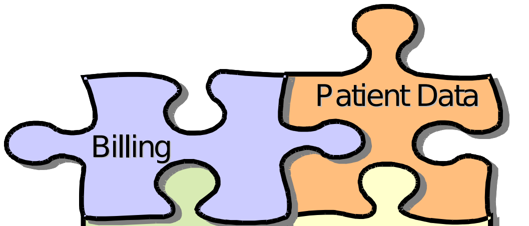
Redstone Arsenal (Fox Army Health Clinic)
Open Claims Form

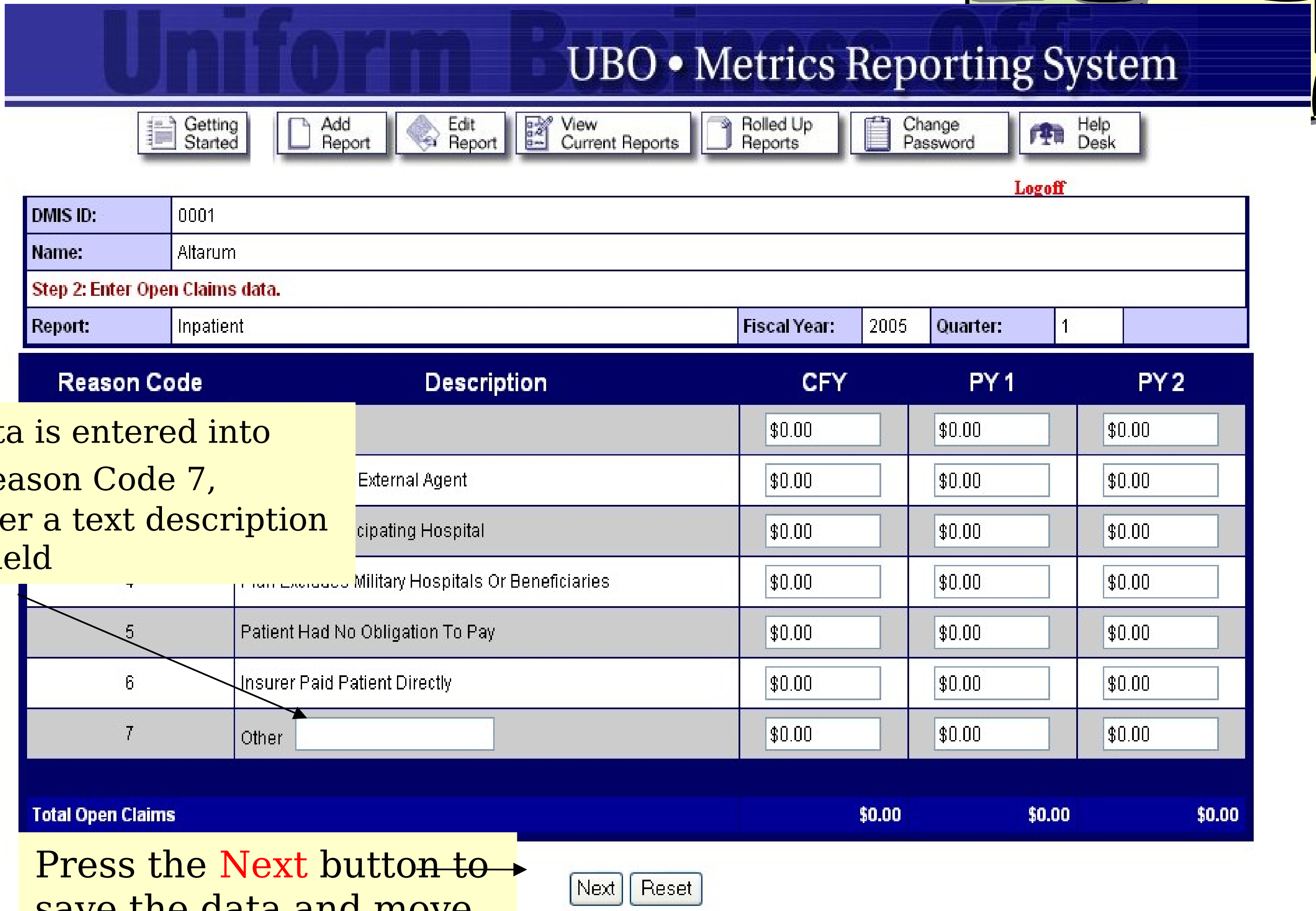
Branch:	Army				
Region:	South East				
DMIS ID:	0001				
Name:	Altarum				
Step 2: Enter Open Claims data.					
Report:	Inpatient	**Fiscal Year:**	2005	**Quarter:**	1

Reason Code	Description	CFY	PY 1	PY 2
1	Open Claims	$0.00	$0.00	$0.00
2	Transferred To External Agent	$0.00	$0.00	$0.00

Enter numeric only data in column fields, then scroll down for additional reason codes

Add Report – Open Claims, Con't


Billing
Patient Data


UBO • Metrics Reporting System
Getting Started
Add Report
Edit Report
View Current Reports
Rolled Up Reports
Change Password
Help Desk
Logoff
Next
Reset

DMIS ID:	0001				
Name:	Altarum				
Step 2: Enter Open Claims data.					
Report:	Inpatient	**Fiscal Year:**	2005	**Quarter:**	1

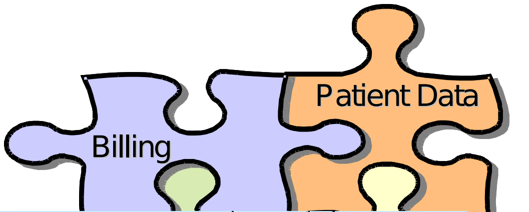
Reason Code	Description	CFY	PY 1	PY 2
		$0.00	$0.00	$0.00
	External Agent	$0.00	$0.00	$0.00
	cipating Hospital	$0.00	$0.00	$0.00
	Military Hospitals Or Beneficiaries	$0.00	$0.00	$0.00
5	Patient Had No Obligation To Pay	$0.00	$0.00	$0.00
6	Insurer Paid Patient Directly	$0.00	$0.00	$0.00
7	Other ☐	$0.00	$0.00	$0.00
Total Open Claims		**$0.00**	**$0.00**	**$0.00**

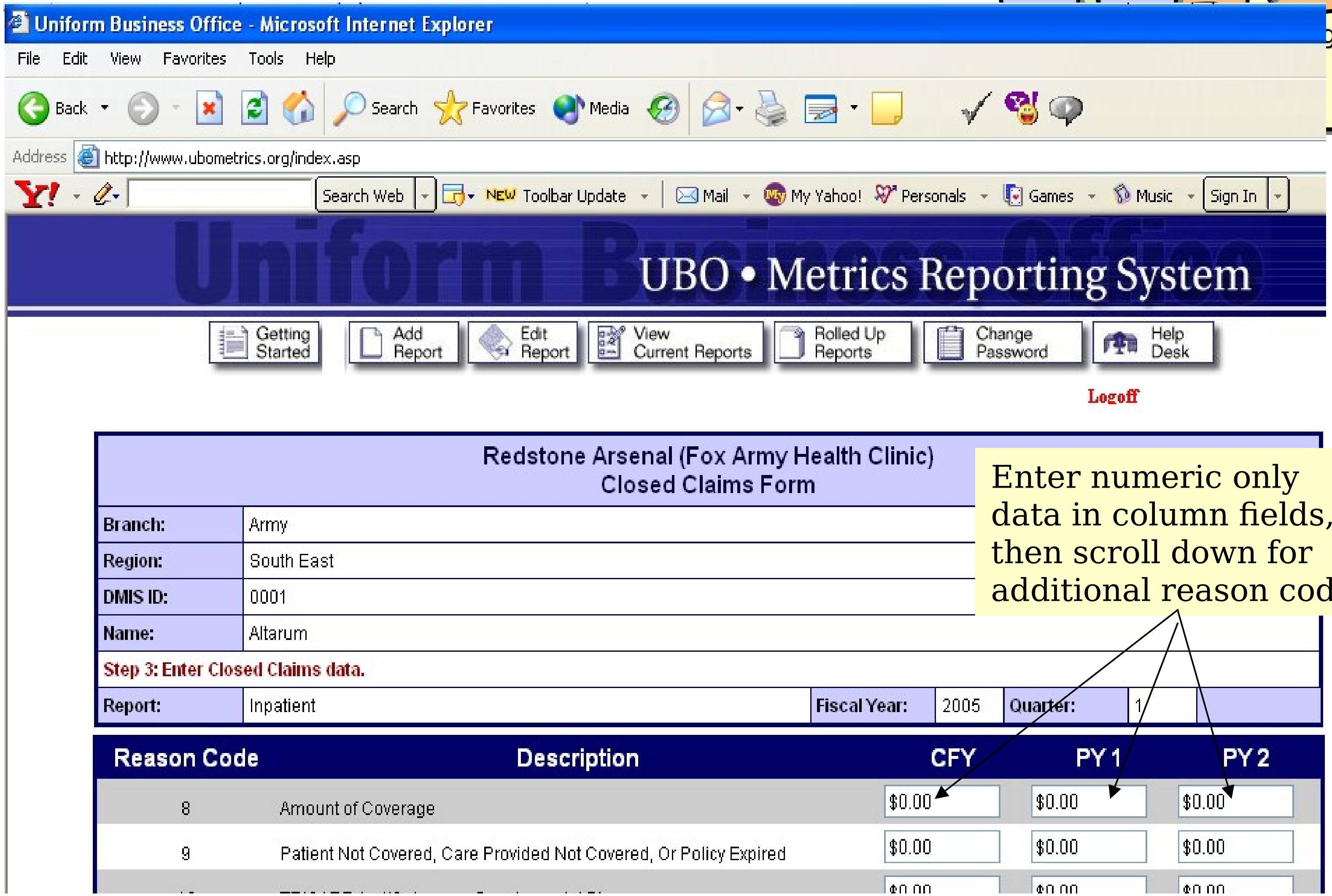
If numeric data is entered into columns of Reason Code 7, user must enter a text description in the Other field

Press the Next button to save the data and move to the next step

CORE COMPETENCIES

Add Report – Closed Claims Data Page


Billing
Patient Data


Uniform Business Office - Microsoft Internet Explorer
File
Edit
View
Favorites
Tools
Help
Back
Search
Favorites
Media
Address
http://www.ubometrics.org/index.asp
Search Web
Toolbar Update
Mail
My Yahoo!
Personals
Games
Music
Sign In
Uniform Business Office
UBO • Metrics Reporting System
Getting Started
Add Report
Edit Report
View Current Reports
Rolled Up Reports
Change Password
Help Desk
Logoff

Redstone Arsenal (Fox Army Health Clinic)
Closed Claims Form

Branch:	Army
Region:	South East
DMIS ID:	0001
Name:	Altarum

Step 3: Enter Closed Claims data.

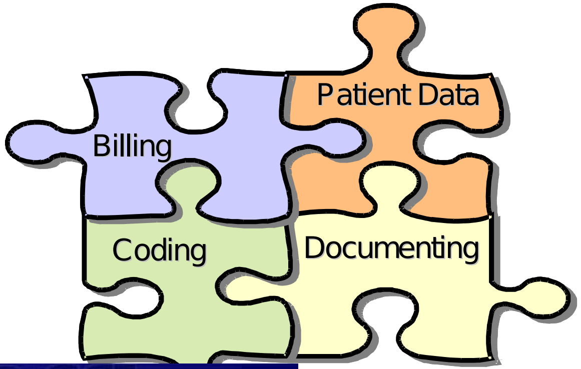
Report:	Inpatient	**Fiscal Year:**	2005	**Quarter:**	1

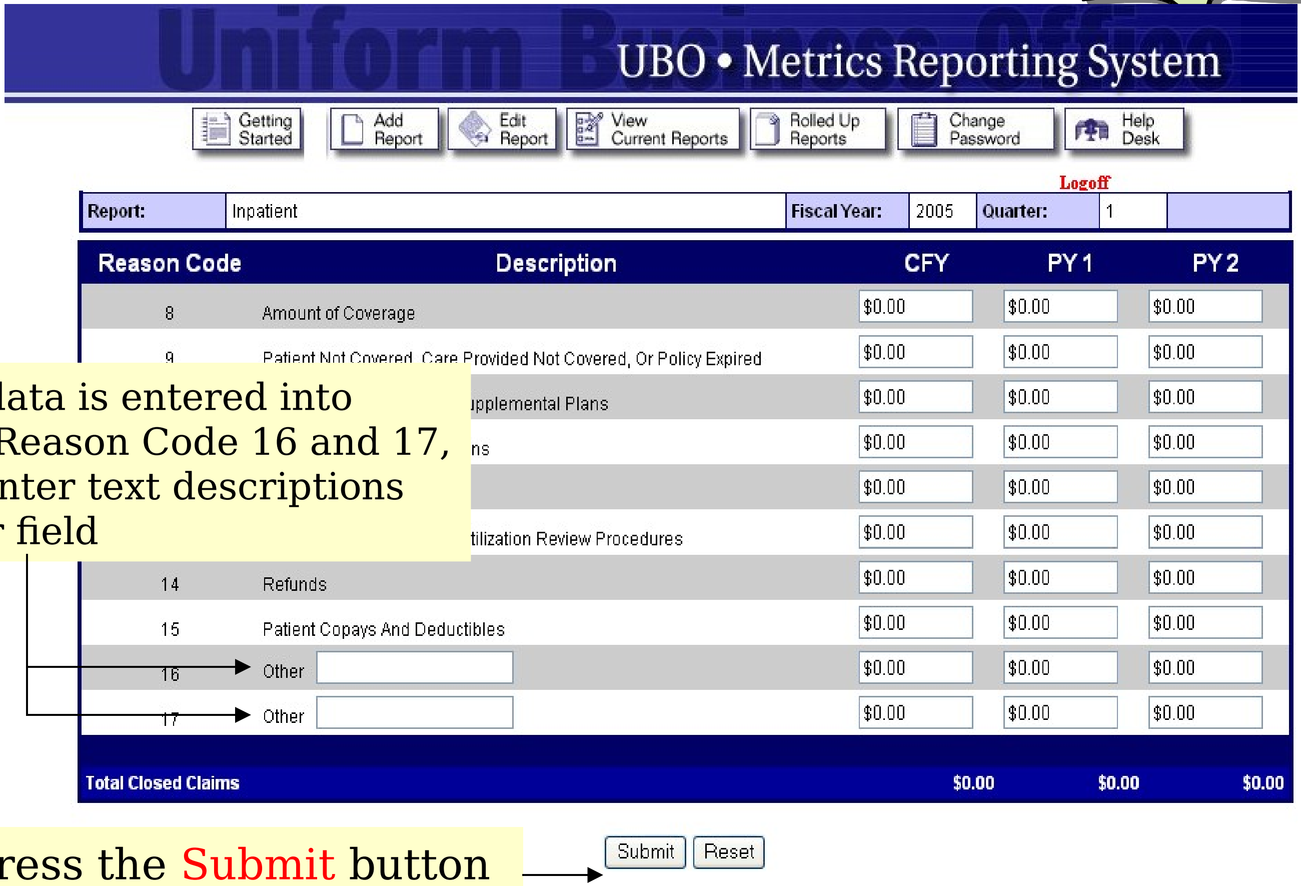
Reason Code	Description	CFY	PY 1	PY 2
8	Amount of Coverage	$0.00	$0.00	$0.00
9	Patient Not Covered, Care Provided Not Covered, Or Policy Expired	$0.00	$0.00	$0.00

Enter numeric only data in column fields, then scroll down for additional reason codes

CORE COMPETENCIES

Add Report – Closed Claims, Con’t


Billing
Patient Data
Coding
Documenting


UBO • Metrics Reporting System
Getting Started
Add Report
Edit Report
View Current Reports
Rolled Up Reports
Change Password
Help Desk
Logoff

Report:	Inpatient	Fiscal Year:	2005	Quarter:	1

Reason Code	Description	CFY	PY 1	PY 2
8	Amount of Coverage	$0.00	$0.00	$0.00
9	Patient Not Covered, Care Provided Not Covered, Or Policy Expired	$0.00	$0.00	$0.00
	upplemental Plans	$0.00	$0.00	$0.00
	ns	$0.00	$0.00	$0.00
		$0.00	$0.00	$0.00
	tilization Review Procedures	$0.00	$0.00	$0.00
14	Refunds	$0.00	$0.00	$0.00
15	Patient Copays And Deductibles	$0.00	$0.00	$0.00
16	Other	$0.00	$0.00	$0.00
17	Other	$0.00	$0.00	$0.00
Total Closed Claims		$0.00	$0.00	$0.00

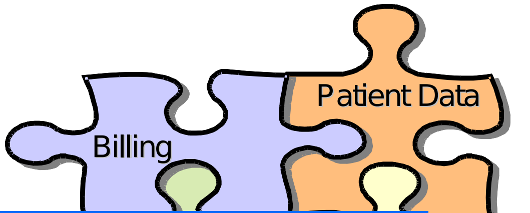
Submit Reset

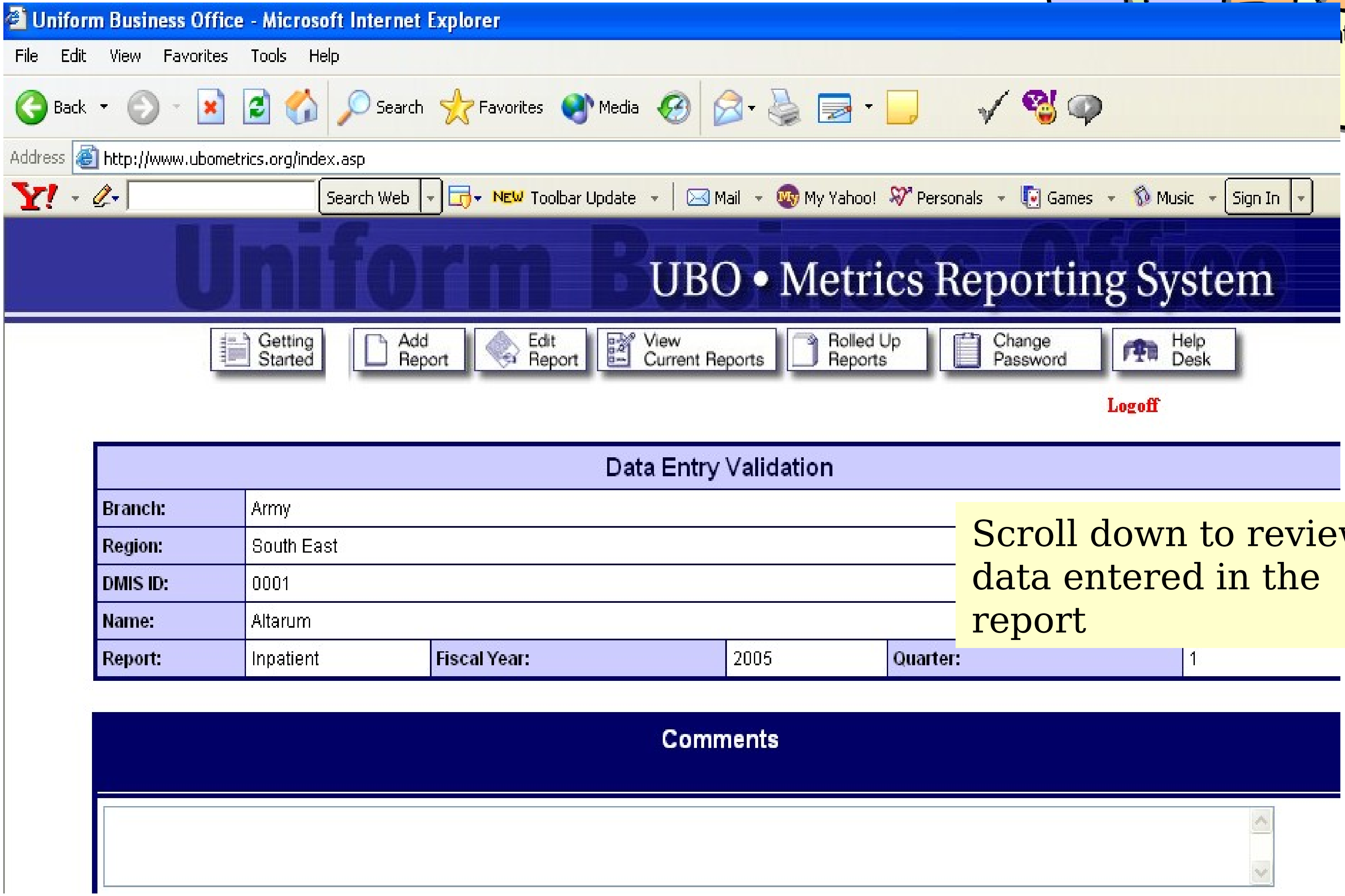
If numeric data is entered into columns of Reason Code 16 and 17, user must enter text descriptions in the Other field

Press the Submit button to save the report and move to the next step

CORE COMPETENCIES

Add Report – Data Validation Page


Patient Data
Billing
ting


Uniform Business Office - Microsoft Internet Explorer
File Edit View Favorites Tools Help
Back Search Favorites Media
Address http://www.ubometrics.org/index.asp
Search Web
NEW Toolbar Update
Mail
My Yahoo!
Personals
Games
Music
Sign In
Uniform Business Office
UBO • Metrics Reporting System
Getting Started
Add Report
Edit Report
View Current Reports
Rolled Up Reports
Change Password
Help Desk
Logoff

Data Entry Validation

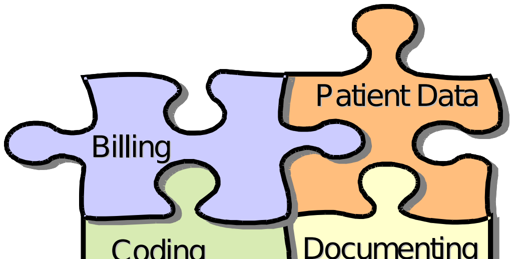
Branch:	Army				
Region:	South East				
DMIS ID:	0001				
Name:	Altarum				
Report:	Inpatient	**Fiscal Year:**	2005	**Quarter:**	1

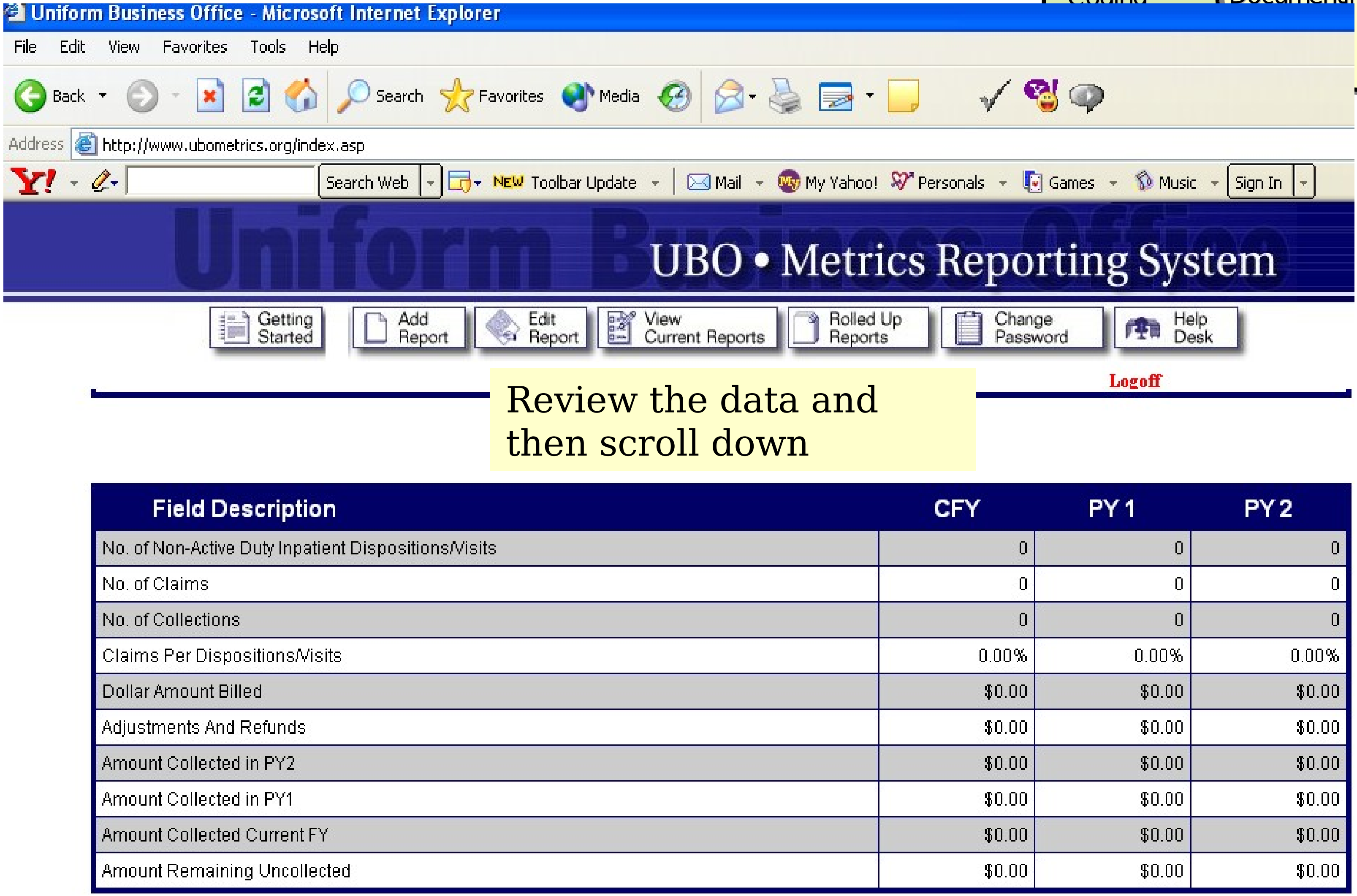
Comments

Scroll down to review data entered in the report

CORE COMPETENCIES

Add Report – Data Validation Page, Con't


Patient Data
Billing
Coding
Documenting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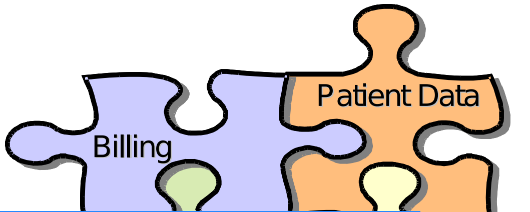
Uniform Business Office
UBO • Metrics Reporting System
Getting Started
Add Report
Edit Report
View Current Reports
Rolled Up Reports
Change Password
Help Desk
Logoff

Review the data and then scroll down

Field Description	CFY	PY 1	PY 2
No. of Non-Active Duty Inpatient Dispositions/Visits	0	0	0
No. of Claims	0	0	0
No. of Collections	0	0	0
Claims Per Dispositions/Visits	0.00%	0.00%	0.00%
Dollar Amount Billed	$0.00	$0.00	$0.00
Adjustments And Refunds	$0.00	$0.00	$0.00
Amount Collected in PY2	$0.00	$0.00	$0.00
Amount Collected in PY1	$0.00	$0.00	$0.00
Amount Collected Current FY	$0.00	$0.00	$0.00
Amount Remaining Uncollected	$0.00	$0.00	$0.00

C O R E C O M P E T E N C I E S

Add Report – Data Validation Page, Con't


Billing
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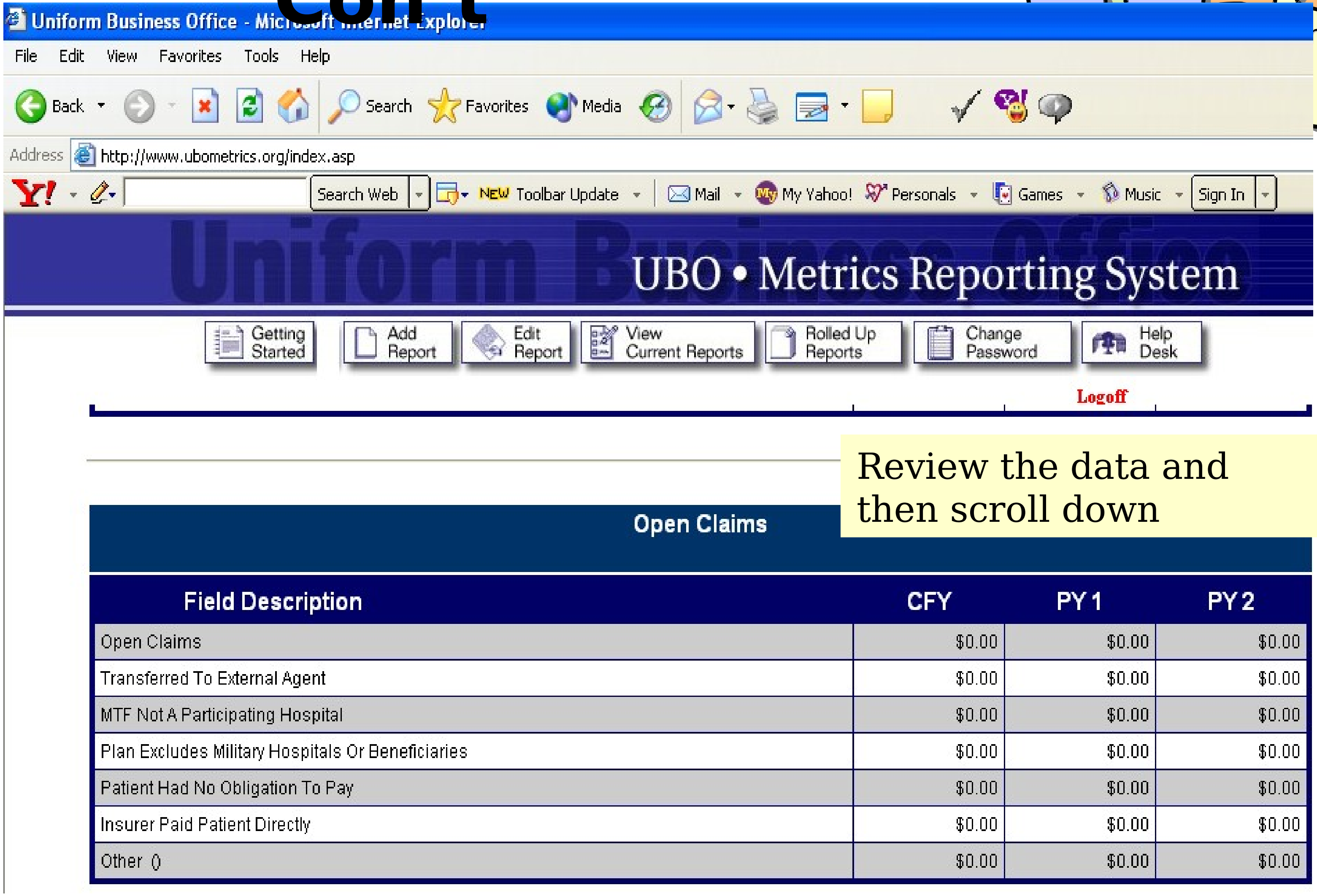
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Getting Started
Add Report
Edit Report
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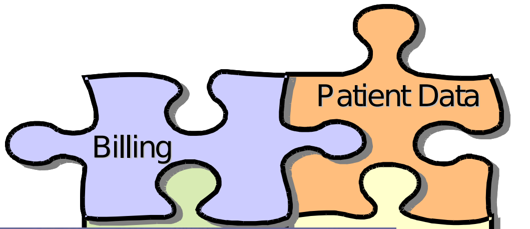
Rolled Up Reports
Change Password
Help Desk
Logoff
Open Claims

Field Description	CFY	PY 1	PY 2
Open Claims	$0.00	$0.00	$0.00
Transferred To External Agent	$0.00	$0.00	$0.00
MTF Not A Participating Hospital	$0.00	$0.00	$0.00
Plan Excludes Military Hospitals Or Beneficiaries	$0.00	$0.00	$0.00
Patient Had No Obligation To Pay	$0.00	$0.00	$0.00
Insurer Paid Patient Directly	$0.00	$0.00	$0.00
Other ()	$0.00	$0.00	$0.00

Review the data and then scroll down

CORE COMPETENCIES

Add Report – Data Validation Page, Con't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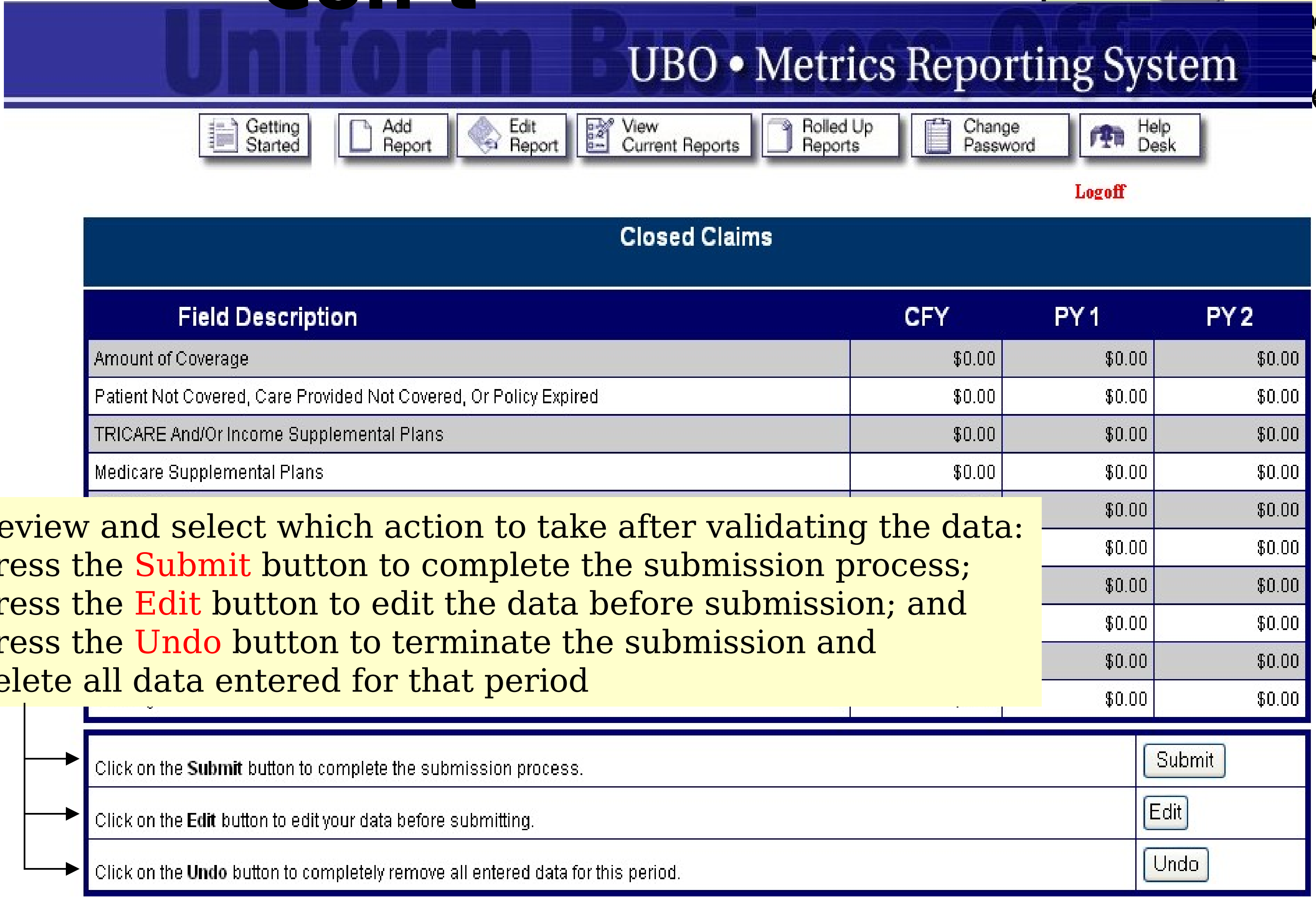
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Getting Started
Add Report
Edit Report
View Current Reports
Rolled Up Reports
Change Password
Help Desk
Logoff

Closed Claims

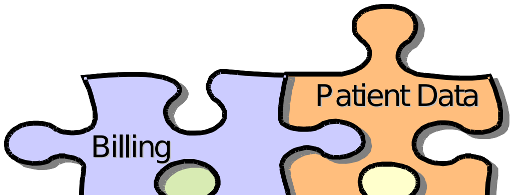
Field Description	CFY	PY 1	PY 2
Amount of Coverage	$0.00	$0.00	$0.00
Patient Not Covered, Care Provided Not Covered, Or Policy Expired	$0.00	$0.00	$0.00
TRICARE And/Or Income Supplemental Plans	$0.00	$0.00	$0.00
Medicare Supplemental Plans	$0.00	$0.00	$0.00
		$0.00	$0.00
		$0.00	$0.00
		$0.00	$0.00
		$0.00	$0.00
		$0.00	$0.00
		$0.00	$0.00

Click on the **Submit** button to complete the submission process.	Submit
Click on the **Edit** button to edit your data before submitting.	Edit
Click on the **Undo** button to completely remove all entered data for this period.	Undo

Review and select which action to take after validating the data:
Press the Submit button to complete the submission process;
Press the Edit button to edit the data before submission; and
Press the Undo button to terminate the submission and delete all data entered for that period

C O R E C O M P E T E N C I E S

Edit Report Data Page


Billing
Patient Data
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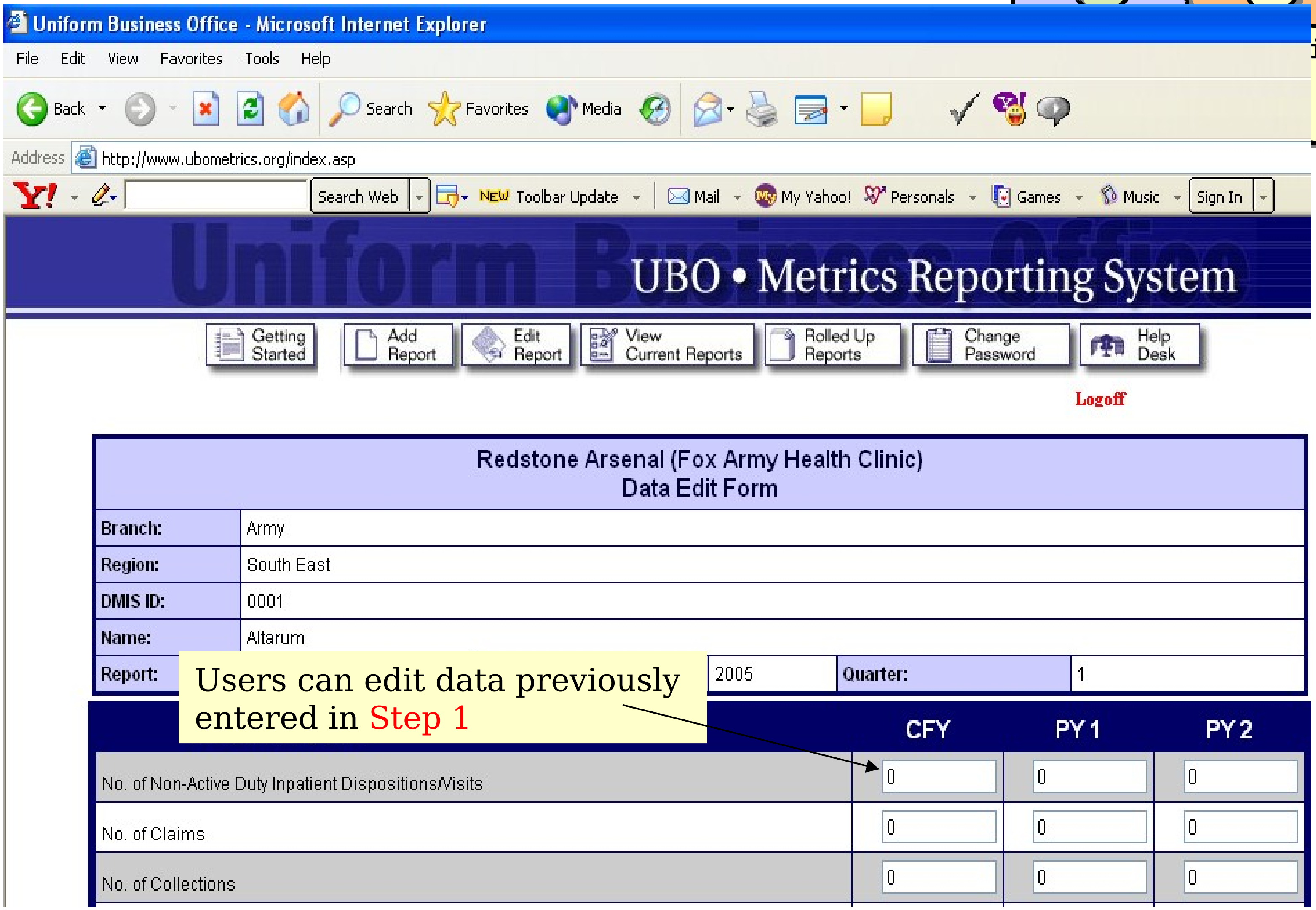
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Uniform Business Office
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Add Report
Edit Report
View Current Reports
Rolled Up Reports
Change Password
Help Desk
Logoff

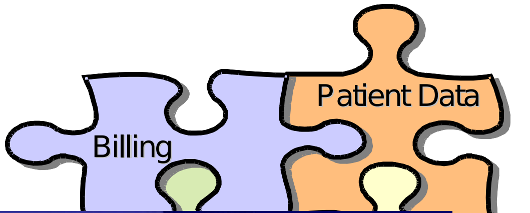
Redstone Arsenal (Fox Army Health Clinic)
Data Edit Form

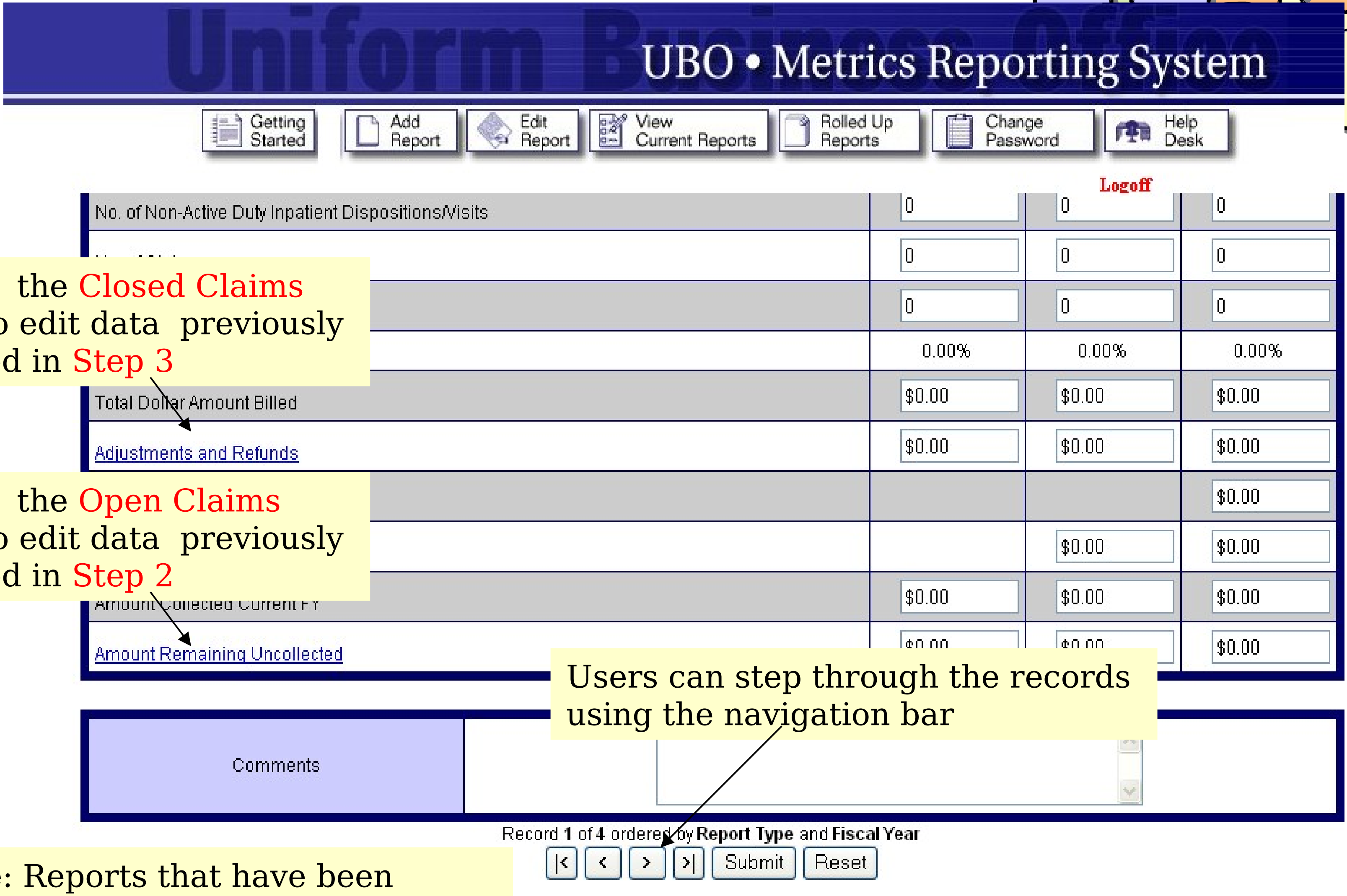
Branch:	Army		
Region:	South East		
DMIS ID:	0001		
Name:	Altarum		
Report:	2005	**Quarter:**	1

	CFY	PY 1	PY 2
No. of Non-Active Duty Inpatient Dispositions/Visits	0	0	0
No. of Claims	0	0	0
No. of Collections	0	0	0

Users can edit data previously entered in Step 1

Edit Report Data Page, Con’t


Patient Data
Billing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Getting Started
Add Report
Edit Report
View Current Reports
Rolled Up Reports
Change Password
Help Desk
Logoff

No. of Non-Active Duty Inpatient Dispositions/Visits	0	0	0
	0	0	0
	0	0	0
	0.00%	0.00%	0.00%
Total Dollar Amount Billed	$0.00	$0.00	$0.00
Adjustments and Refunds	$0.00	$0.00	$0.00
			$0.00
		$0.00	$0.00
Amount Collected Current FY	$0.00	$0.00	$0.00
Amount Remaining Uncollected	$0.00	$0.00	$0.00

Comments	

Record 1 of 4 ordered by **Report Type** and **Fiscal Year**

|<
<
>
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Submit
Reset

Select the Closed Claims field to edit data previously entered in Step 3

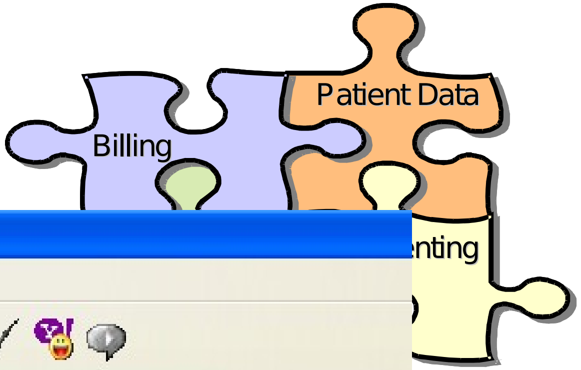
Select the Open Claims field to edit data previously entered in Step 2

Users can step through the records using the navigation bar

Note: Reports that have been validated can no longer be edited by the user and need to be edited by the validator

CORE COMPETENCIES

View Current Reports Page


Patient Data
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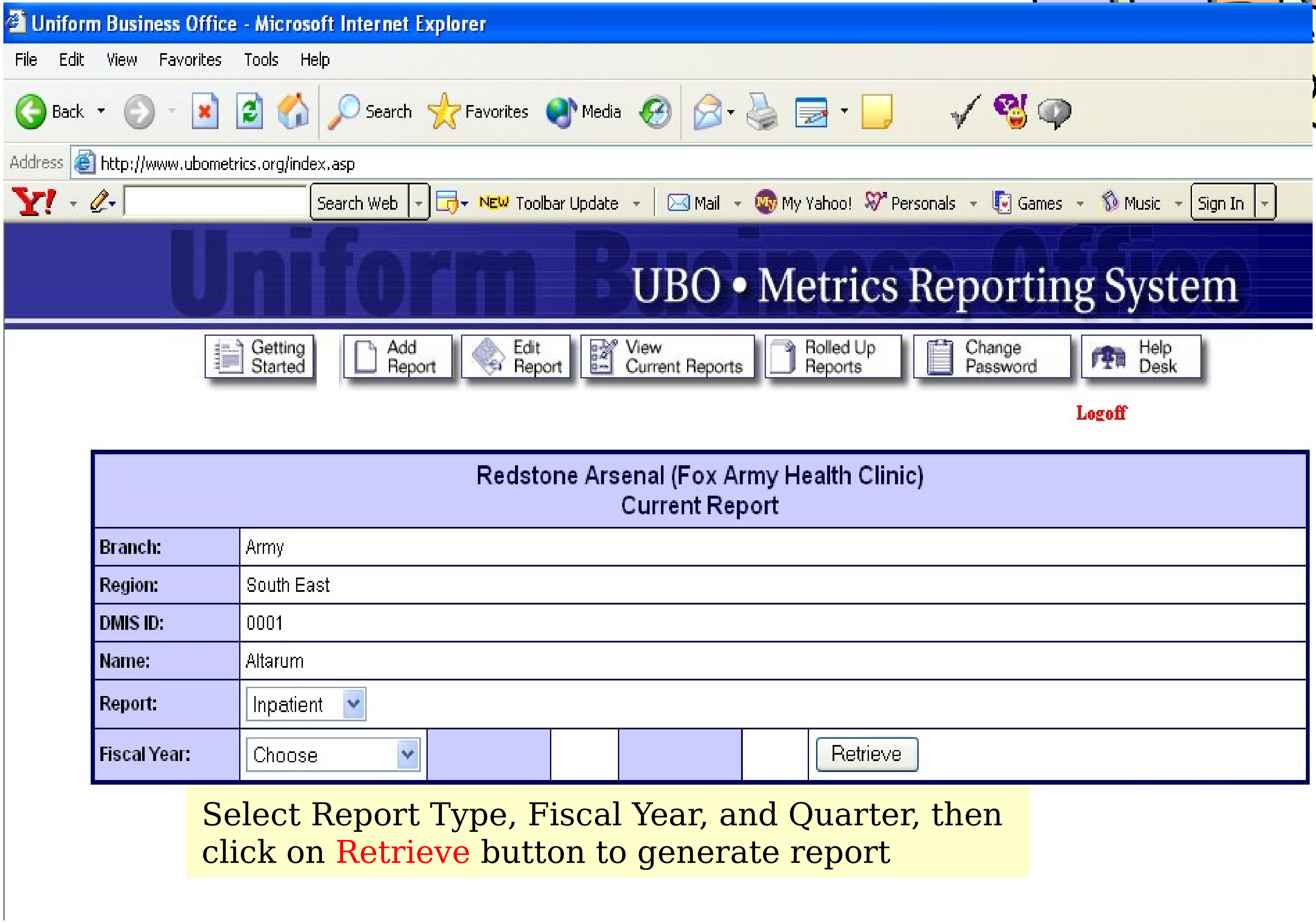
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UBO • Metrics Reporting System
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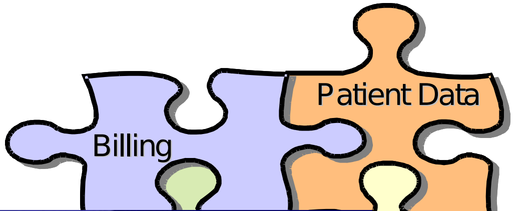
Edit Report
View Current Reports
Rolled Up Reports
Change Password
Help Desk
Logoff

Redstone Arsenal (Fox Army Health Clinic)
Current Report

Branch:	Army					
Region:	South East					
DMIS ID:	0001					
Name:	Altarum					
Report:	Inpatient					
Fiscal Year:	Choose					Retrieve

Select Report Type, Fiscal Year, and Quarter, then click on Retrieve button to generate report

Helpdesk Page


Billing
Patient Data
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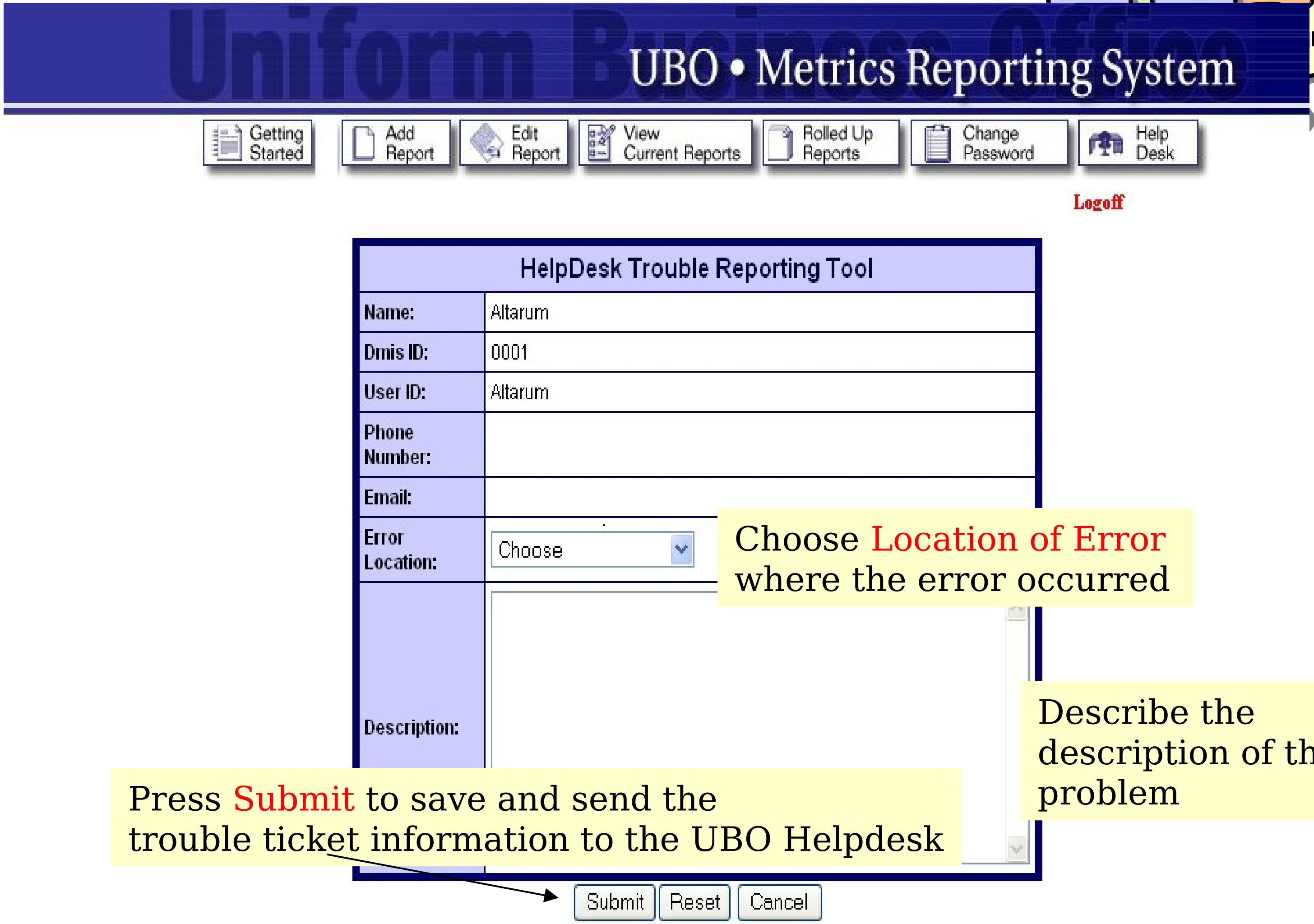

Uniform Business Office
UBO • Metrics Reporting System
Getting Started
Add Report
Edit Report
View Current Reports
Rolled Up Reports
Change Password
Help Desk
Logoff
Submit
Reset
Cancel

HelpDesk Trouble Reporting Tool

Name:	Altarum
Dmis ID:	0001
User ID:	Altarum
Phone Number:	
Email:	
Error Location:	Choose
Description:	

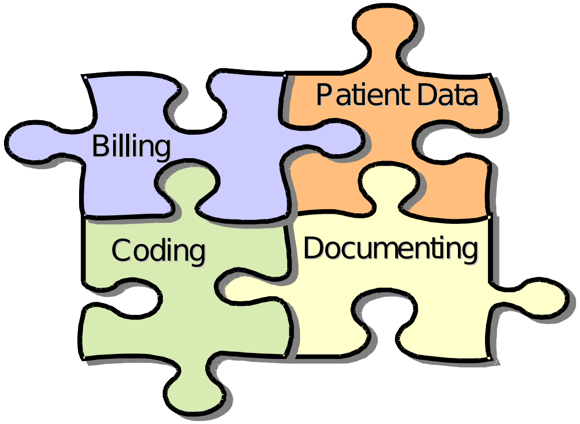
Choose Location of Error where the error occurred

Describe the description of the problem

Press Submit to save and send the trouble ticket information to the UBO Helpdesk

CORE COMPETENCIES

Points of Contact for Technical Support


Billing
Patient Data
Coding
Documenting

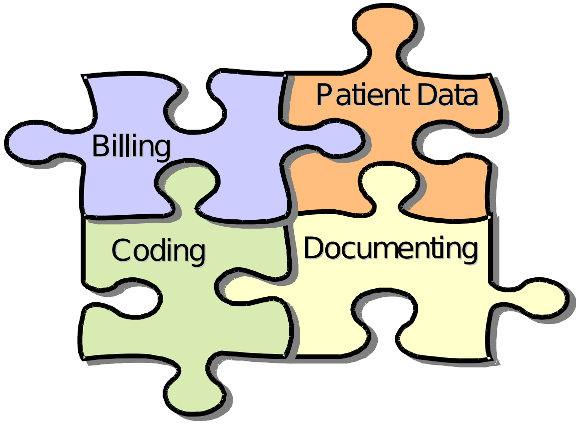
Tom White
tom.white@altarum.org
703-575-1703

Paula Palmore
paulajean.palmore@altarum.org
703 – 575-1712

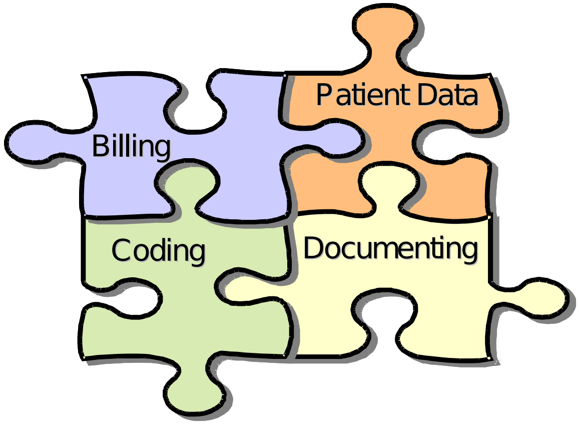
UBO Helpdesk
ubo.helpdesk@altarum.org
703-575-5385

CORE COMPETENCIES

Questions?


Patient Data
Billing
Coding
Documenting

CORE COMPETENCIES


Patient Data
Billing
Coding
Documenting

Billing and Coding – Working Together – Tips from the Civilian Sector

Lorrie Borchert, MA, CPC

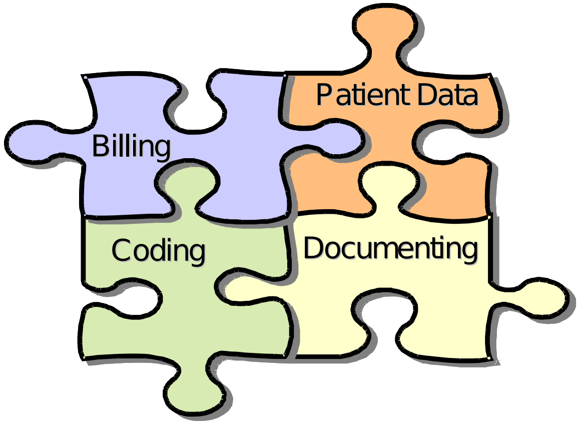
May 17, 2005

Track 3 – UBO Basic

1300-1400

CORE COMPETENCIES

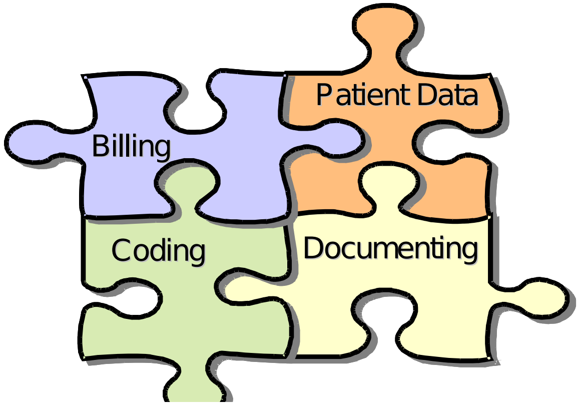
Objectives of this Session:

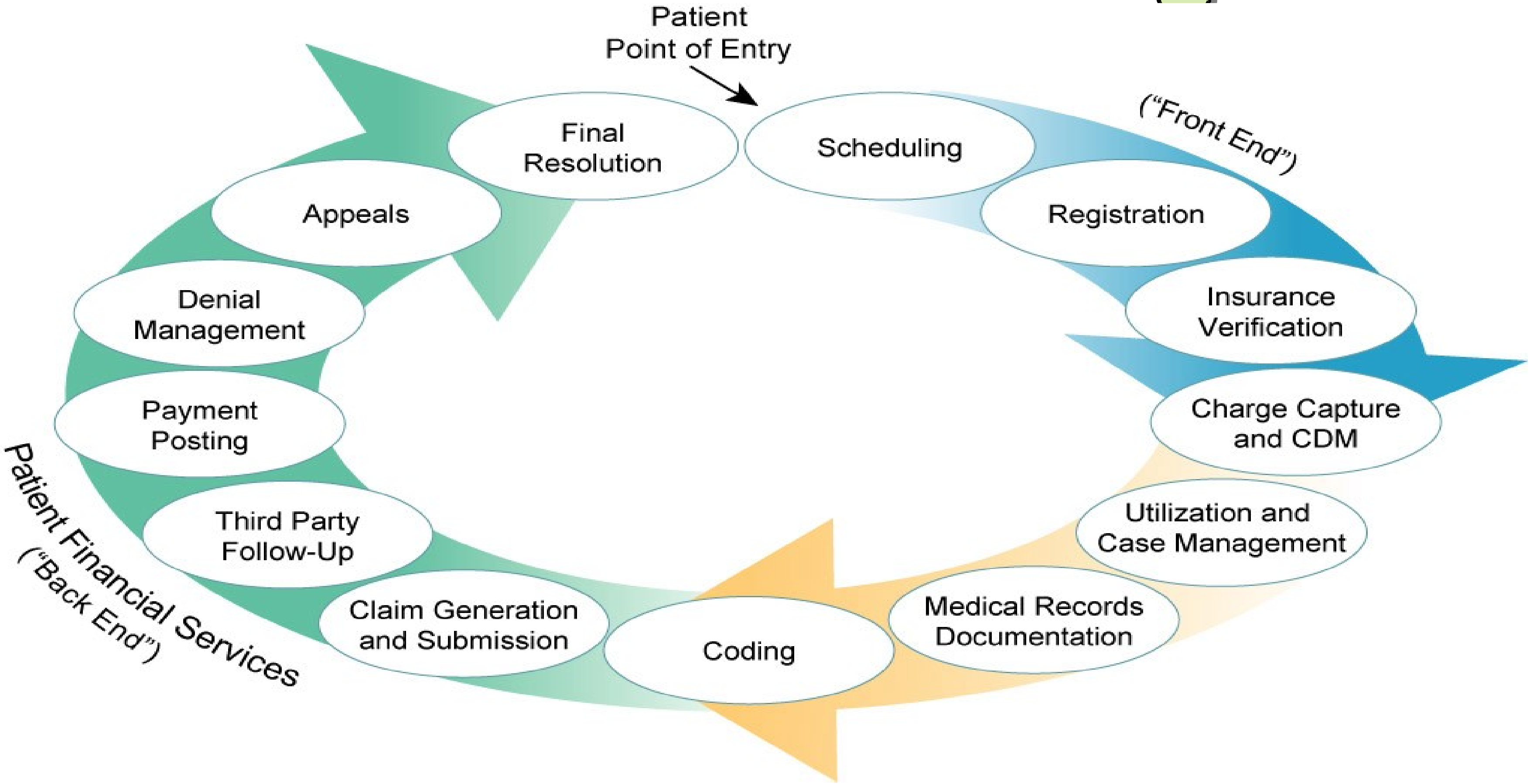


- Understanding the civilian revenue cycle model
- Linking the functional areas of coding and billing
- Breaking down communication silo’s
- Auditing the results – coding and billing audits
- Root Cause Analysis from denials
- Best Practice tips from the civilian sector

CORE COMPETENCIES

The Civilian Model for Revenue Cycle Management




Patient Point of Entry

("Front End")

Scheduling

Registration

Insurance Verification

Charge Capture and CDM

Utilization and Case Management

Medical Records Documentation

Coding

Claim Generation and Submission

Third Party Follow-Up

Payment Posting

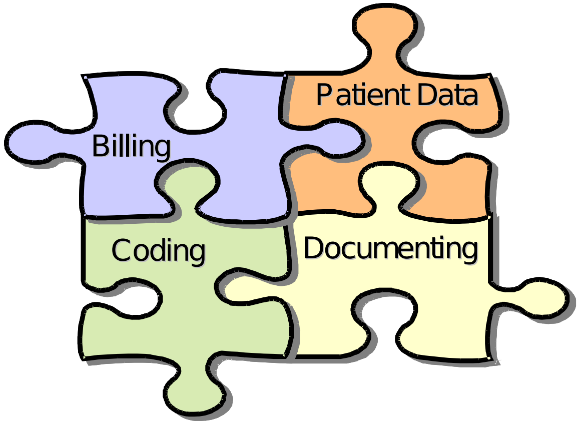
Denial Management

Appeals

Final Resolution

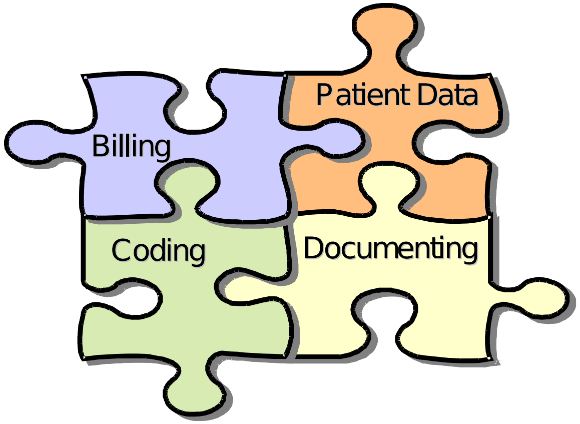
Patient Financial Services ("Back End")

Scheduling



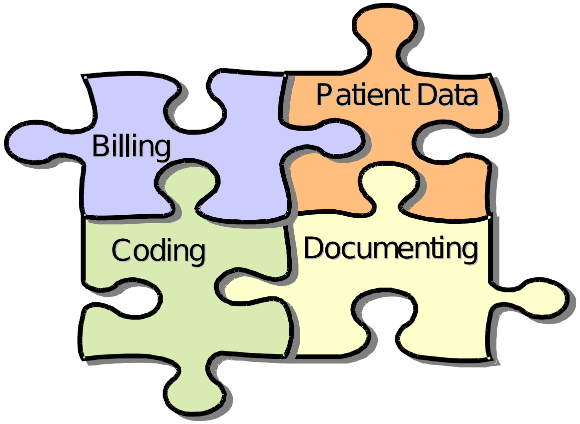
- In the civilian sector pre-scheduling is utilized for clinic visits and ambulatory surgery procedures.
- The advantage of pre-scheduling is that the insurance information is obtained and verified prior to the patient presenting for service.
- The facility knows in advance they will be paid for these services.

Registration


Patient Data
Billing
Coding
Documenting

- Many facility’s have central registration and all patients present here for registration.
- However, more facility’s are using a decentralized model where the patient can go directly to the lab or x-ray and they will be registered there.

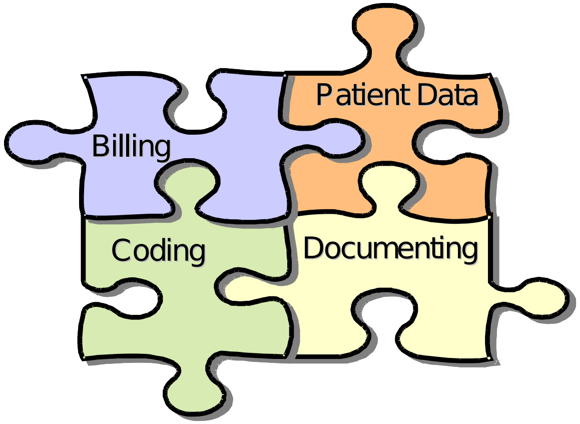
Registration



- In the civilian sector we know that the most crucial part of the Revenue Cycle begins with Registration.
- More denials come from errors in this area than in any other.
- Collection of correct demographics and insurance information is crucial to getting the claim to the correct payer.

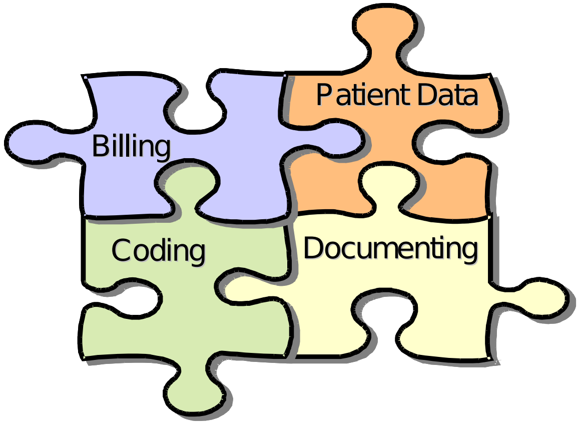
CORE COMPETENCIES

Registration


Patient Data
Billing
Coding
Documenting

- Registrars are taught that they need to ask pertinent questions at every visit to get the correct and timely insurance information.
- Questions such as: “do you still live at your old address?” or “nothing’s changed, right?” do not yield correct information for the claim form.

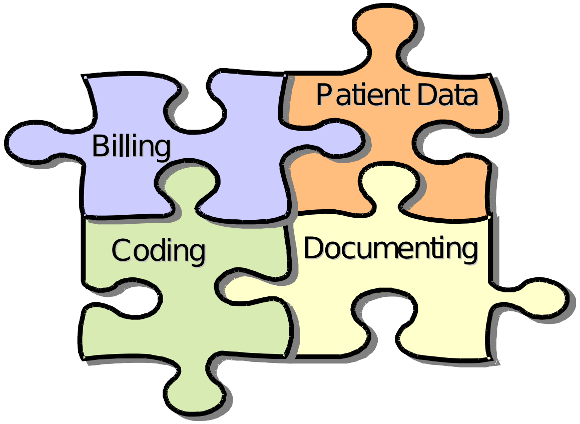
Insurance Verification



- In the civilian sector this job may be done by registration staff or billing staff.
- They call or use online verification provided by the payer that the eligibility information, subscriber information is correct and that the insurance is in force on the day of the service.

CORE COMPETENCIES

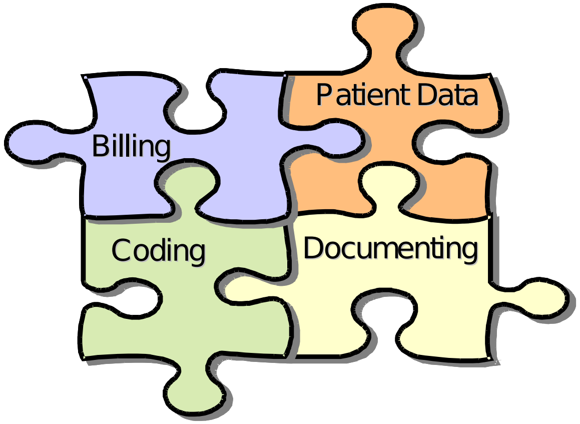
Insurance Verification, Authorizations and Pre- Certification



- When a patient is going to be admitted, the registration staff will call and get an authorization number for the inpatient stay.
- Usually they will be told that the insurance company will authorize for “x amount” of days.
- Note – the utilization nurse or case manager follows up with the insurance company should the patient need more days than were authorized.

CORE COMPETENCIES

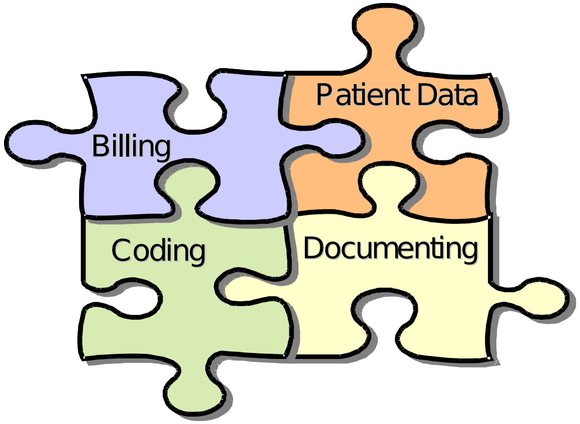
Charge Capture and Charge Master



- The civilian sector patient accounting systems have a behind the scene's chargemaster – an inventory of where services and supplies, cpt codes, descriptions, revenue codes and charges are stored.
- The chargemaster links the cpt codes on the claim form with the charge.

CORE COMPETENCIES

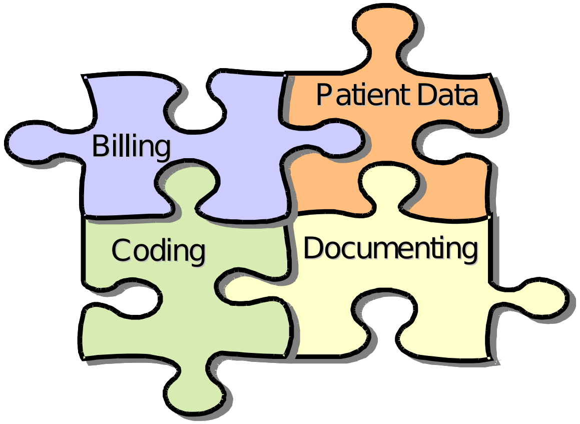
Charge Capture and Charge Master


Patient Data
Billing
Coding
Documenting

- CMS introduced outpatient prospective payment system for ER, Clinic, Ambulatory Surgery, Radiology services in August, 2000.
- The final rule stressed: claims must reflect the revenue code where the service took place.

CORE COMPETENCIES

Charge Capture and Charge Master



- Many civilian hospitals who are not yet using an electronic medical record utilize superbills (encounter forms) for capturing the procedure codes and diagnosis codes.
- The provider checks off the services performed and then it goes to the coder to link the correct diagnosis code for the visit.

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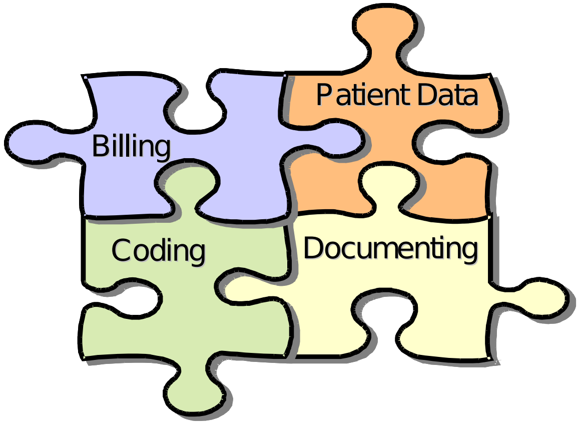
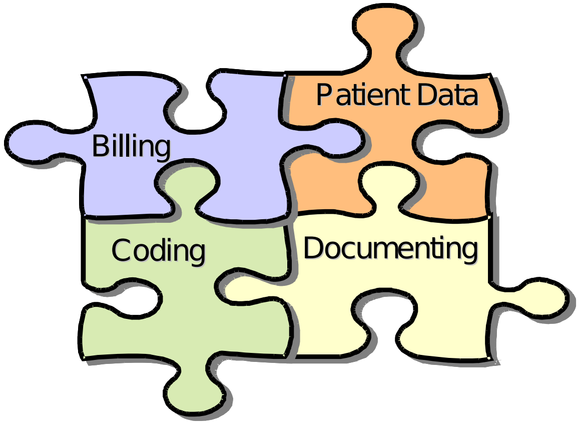
Utilization and Case Management



- As mentioned earlier, utilization and case management is responsible for managing the utilization of the inpatient population.
- These UR nurses will interact with the third-party nurses for the insurance company and they relay the clinical information about the patient for additional days.

CORE COMPETENCIES

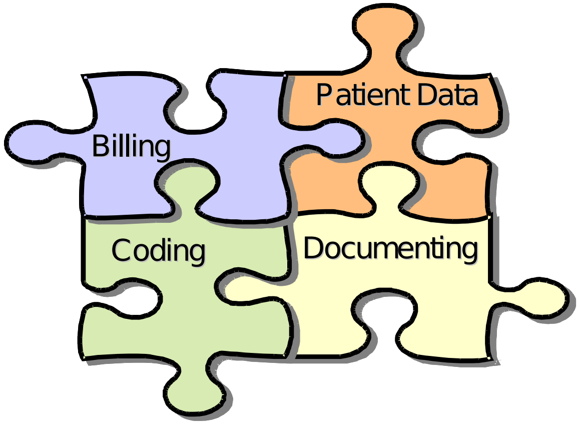
Utilization Review and Case Management


Patient Data
Billing
Coding
Documenting

- Many times the UR and Case Management nurses are also involved in adjudicating appeals with the insurance payers.

CORE COMPETENCIES

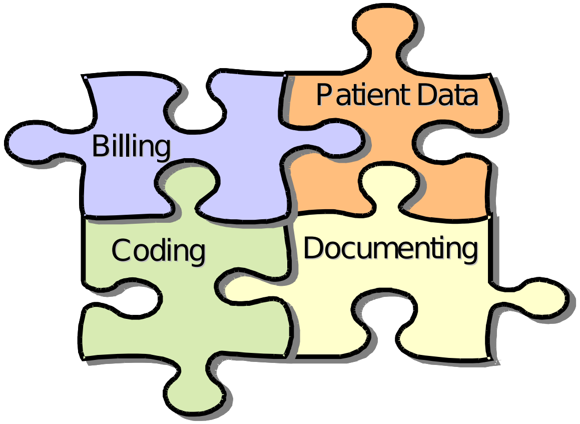
Medical Record Documentation


Billing
Patient Data
Coding
Documenting

- Providers are responsible for documenting legibly and timely in the medical record.
- The Balanced Budget Act of 1997 required that providers must document the Evaluation and Management levels for the patient visit.

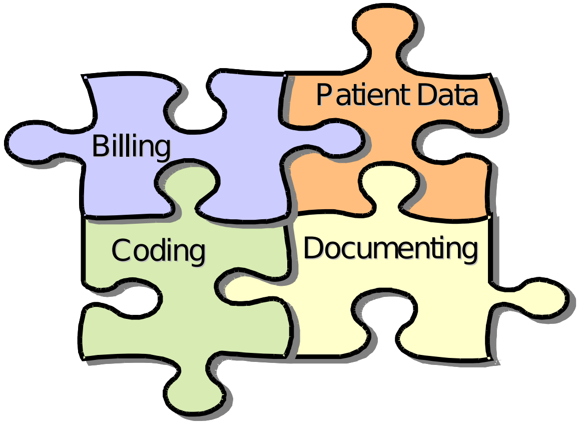
CORE COMPETENCIES

What is Good Documentation?


Billing
Patient Data
Coding
Documenting

- What is “good” documentation?
- It begins with an up-to-date encounter form
- Understanding of ’95/97 E/M guidelines
- Documenting exactly “what was done”
- Linking codes appropriately

Medical Documentation Who Appends the Code?



- The Balanced Budget Act of 1997, Sec. 4317 Requirement to Furnish Diagnostic Information states:

(4) In the case of an item or service…ordered by a physician or a practitioner…if the Secretary requires the entity furnishing the item or service to provide diagnostic or other medical information in order for payment to be made to the entity, the physician or practitioner SHALL PROVIDE that information to the entity AT THE TIME that the item or service is ordered by the physician or practitioner.

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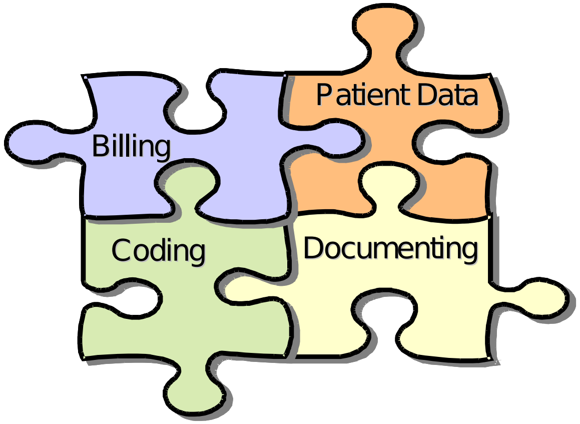
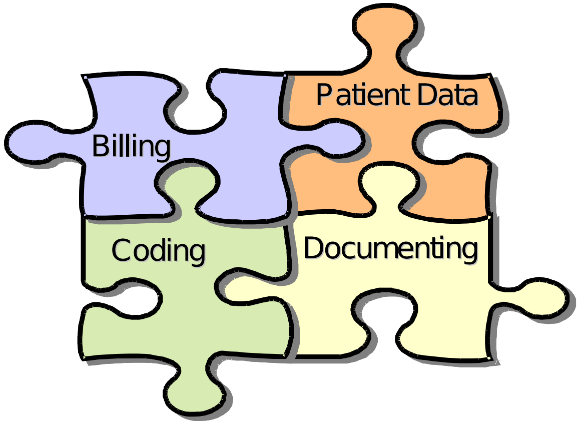


- ICD-9 coding allows the practitioner to tell in code format what the clinical diagnosis was after examination
- The diagnosis fits onto the billing form and tells the story of the illness
- The procedure code lists what services were done for the patient
- They come from the CPT book

C O R E C O M P E T E N C I E S

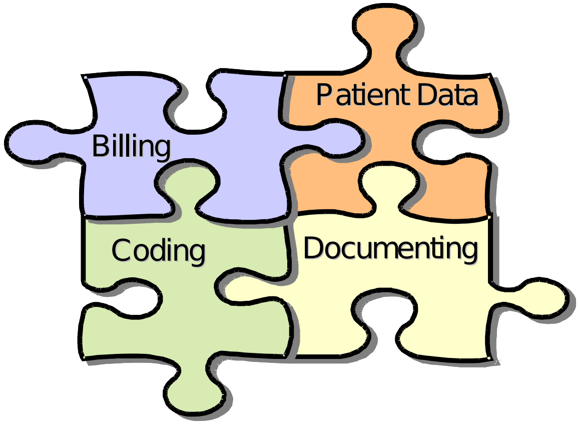
Coding


Patient Data
Billing
Coding
Documenting

- Incorrect coding was last year’s third highest error category for Medicare
- Totaled: $1.7 billion in losses!!

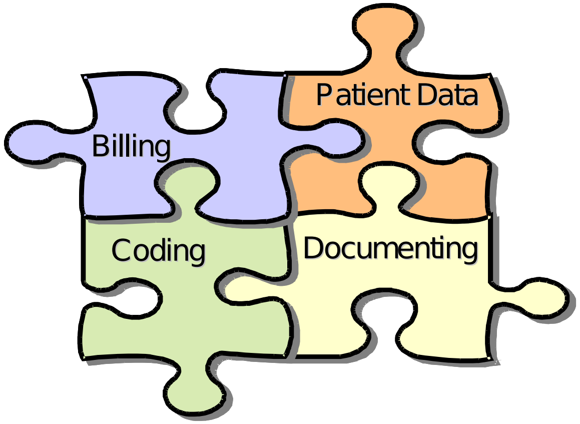
CORE COMPETENCIES

Claim Generation and Submission



- Institutional Claims are sent using a UB-92
- Professional Claims for the physicians are sent using a CMS 1500
- Most civilian facility’s are still grappling with the HIPAA electronic code sets
- In some cases, this has been difficult due to individual payer implementation guides and inability to transmit or accept electronic claims from the third-party payer.

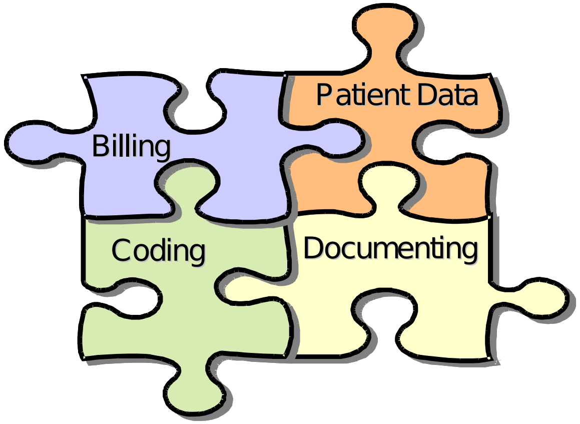
Claim Generation and Reimbursement



- Civilian facility’s are paid utilizing a variety of reimbursement methods:
- Inpatient’s are paid on DRG’s
- Outpatient visits are paid on APC’s
- Some services such as lab and PT are paid from a fee schedule
- Physician services are paid from the Physician Fee Schedule

CORE COMPETENCIES

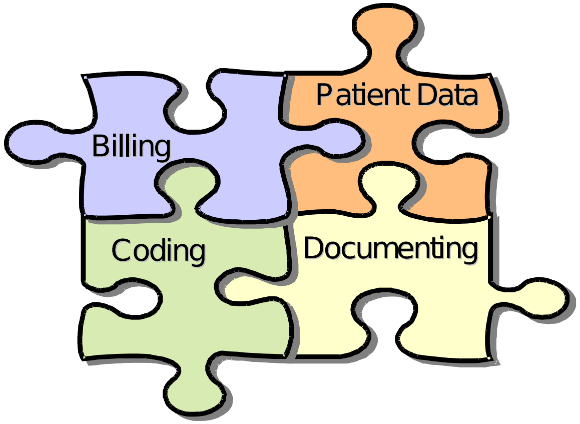
Third-Party Follow Up


Patient Data
Billing
Coding
Documenting

- An old saying in the civilian world regarding third-party follow up is:
- “Billing is only 1/3 of the effort expended to get a claim paid.....2/3’s effort is needed in the follow up of the claim!!”

CORE COMPETENCIES

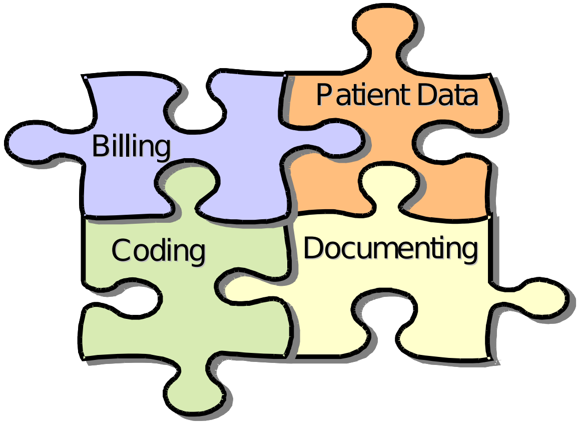
Third-Party Follow up



- Some civilian patient accounting systems have an automated system for generating work lists for billers.
- Other facility’s rely on an excel spreadsheet – and use the filter to sort by: payer; timely filing limits; claim amount.
- Example – work the oldest, largest claims first to bring in cash from third-party payers.

CORE COMPETENCIES

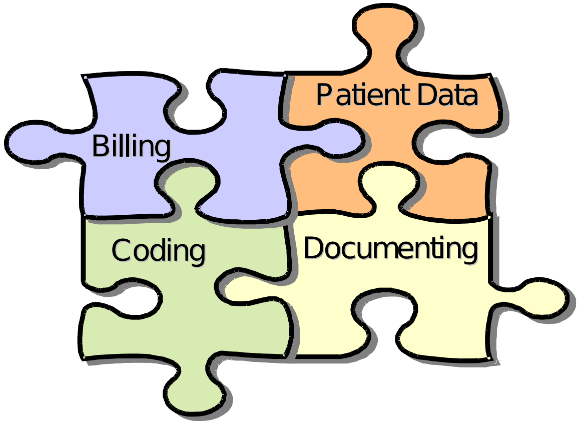
Payment Posting


Patient Data
Billing
Coding
Documenting

- Many facility’s still post payments and the contractual (write-off) portion of the claim into the patient accounting system.
- Some hospitals are able to receive electronic payments which speed the process.

CORE COMPETENCIES

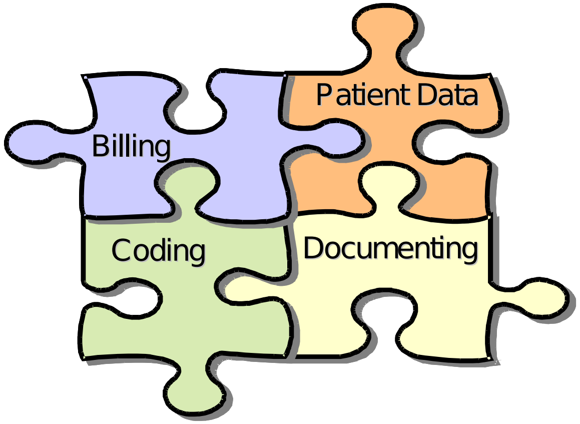
Denial Management



- This is a common civilian trend – where a hospital gathers staff from all sectors of the Revenue Cycle to discuss the denials and underpayments being received from the third-party payers.
- The denials are categorized by department – such as: which denials are related to the registration process?

CORE COMPETENCIES

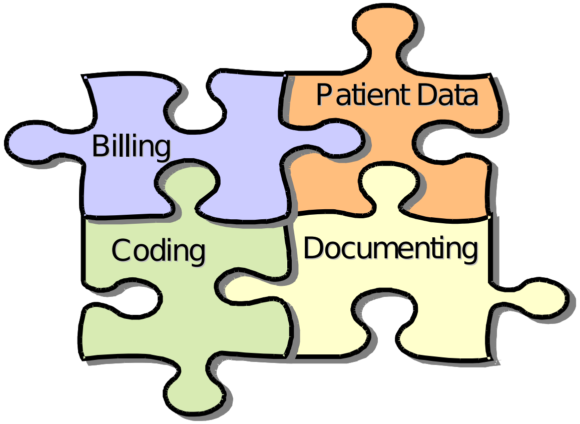
Denial Management



- The committee may decide to do what is called “root cause analysis” – they review all the denials to see what they have in common; perform interviews with registration staff; review screens in the system and decide
- How can we rework this process to prevent these particular denials in the future?

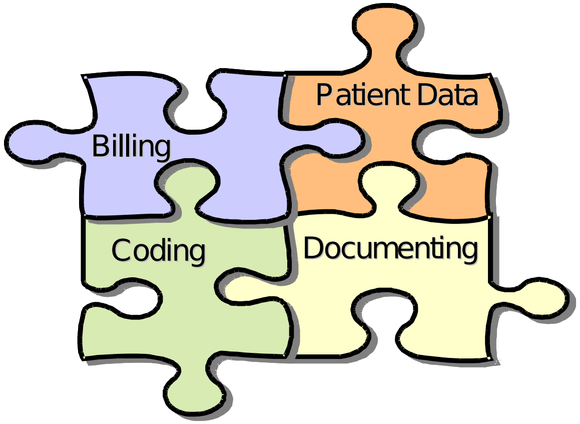
CORE COMPETENCIES

Appeals



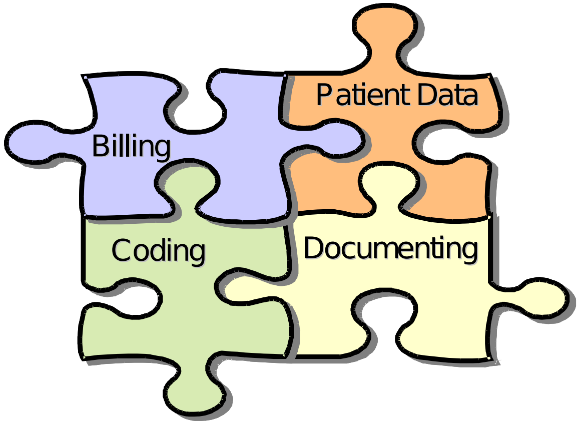
- Billers and UR or Case Management is usually involved in the appeals process.
- The requires documenting why the facility feels that a claim should be paid. They gather medical record information and the nurse usually writes a clinical letter stating why she believes the claim should be paid.

Appeals


Patient Data
Billing
Coding
Documenting

- Insurance companies utilize standards such as Interqual and Milliman & Roberts (M&R).
- UR Nurses are taught the standards so they can utilize these elements in their appeal process.

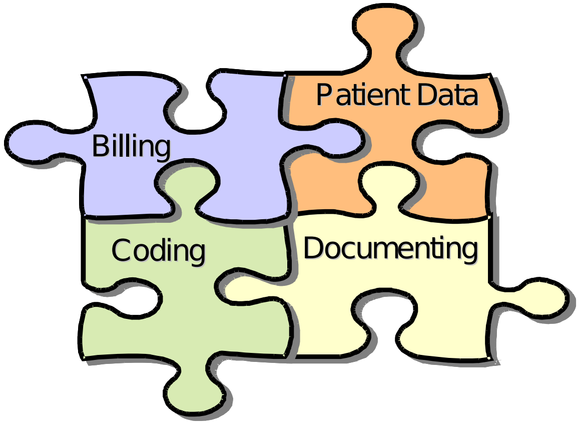
Final Resolution



- This is when the claim is adjudicated down to a zero and is closed.
- Many times claims remain open when they should be closed – thus inflating the Accounts Receivable Balance.
- Credit Balances should be reviewed and Medicare has a report that must be filled out in a timely fashion and the money returned.

CORE COMPETENCIES

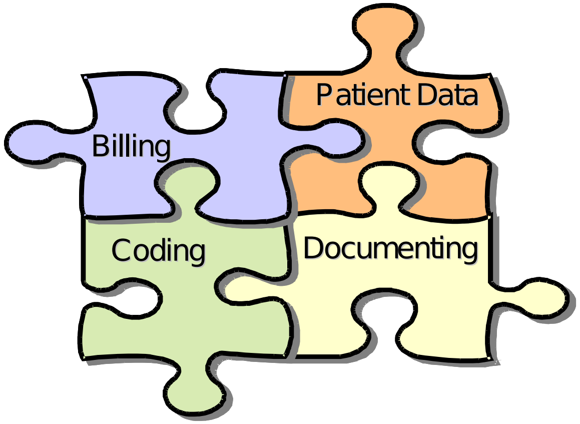
Billing and Coding Working Together



- After reviewing the typical civilian revenue cycle, although each area has it’s own bubble – it is important for the departments to communicate and work together to get the claims submitted, paid and where necessary, appealed and paid.
- The denial management committee’s have brought these departments together to make sure they are being paid appropriately for the services they rendered.

CORE COMPETENCIES

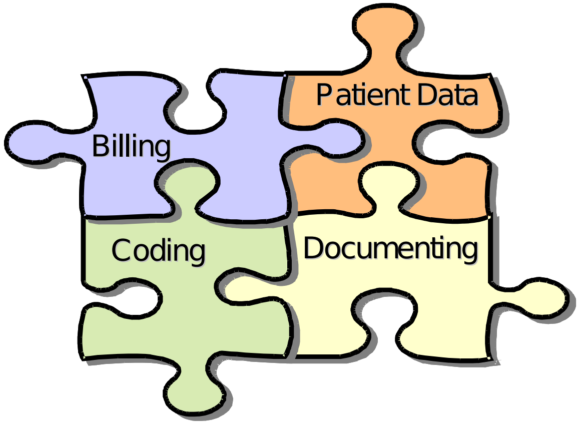
Billing and Coding Working Together



- Coders have had to learn the basics of reimbursement and billers have had to learn the basics of coding
- Examples – a biller is given a V-code as a primary code and knows if she submits it, the facility won’t be paid.
- She must then work with a coder/provider to review the medical record for an appropriate diagnosis code.

CORE COMPETENCIES

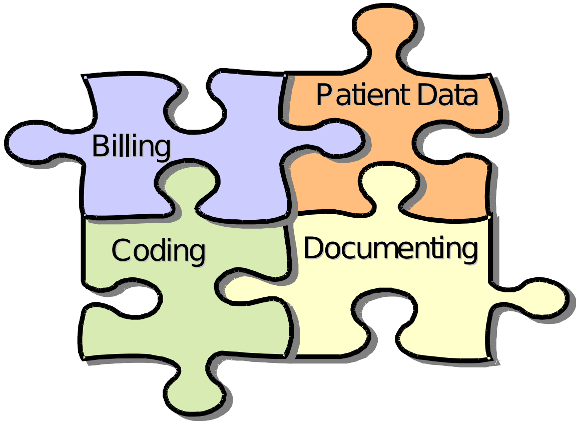
Billing and Coding Working Together


Patient Data
Billing
Coding
Documenting

- Everyone needs feedback…..if we don’t get feedback we think that what we’re doing is GREAT!
- Even though we may be getting denied!
- Feedback is crucial between billing and coding so that process and system issues can be addressed and fixed.

CORE COMPETENCIES

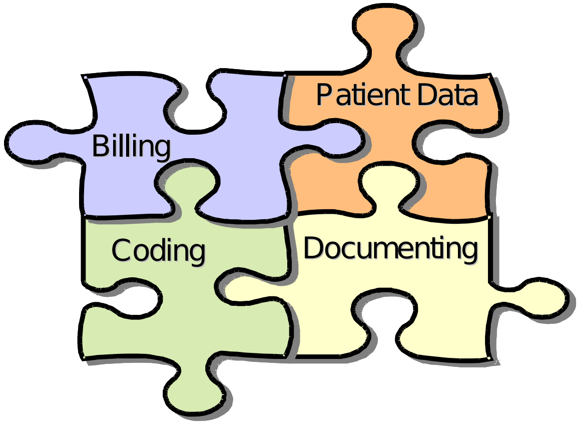
Billing and Coding Working Together



- Coding and Billing Audits –
- Corporate Compliance has had a huge impact in the civilian sector, especially with huge fines and court cases.
- Internal controls have also been under scrutiny since Enron and other companies who have committed fraud and kept separate sets of books.

C O R E C O M P E T E N C I E S

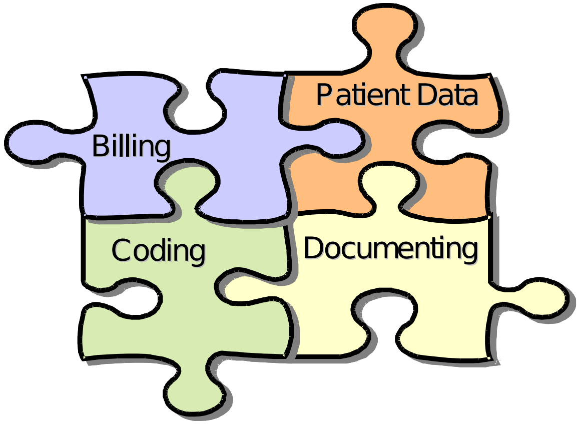
Billing and Coding Compliance



- Another area where billers and coders have to work together is in the area of documentation and compliance.
- Even though a biller may know that the diagnosis code (let’s use that V code) won’t be reimbursed, corporate compliance guidance states that the biller may not change the code to one that is billable.

CORE COMPETENCIES

Billing and Coding Compliance


Patient Data
Billing
Coding
Documenting

- The OIG Hospital Guidance states that there are 7 common elements in a corporate compliance plan.
- An important element is education and training for coding and billing with regard to documentation.

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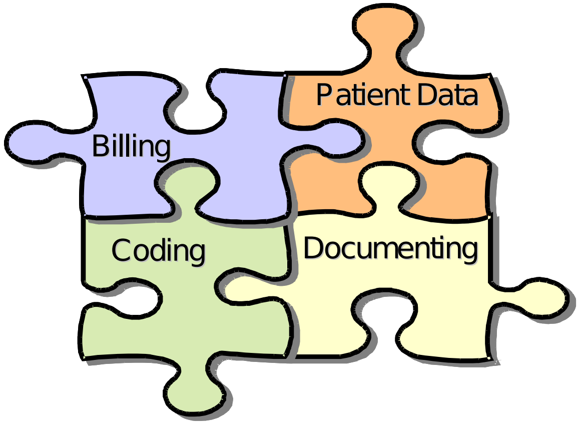
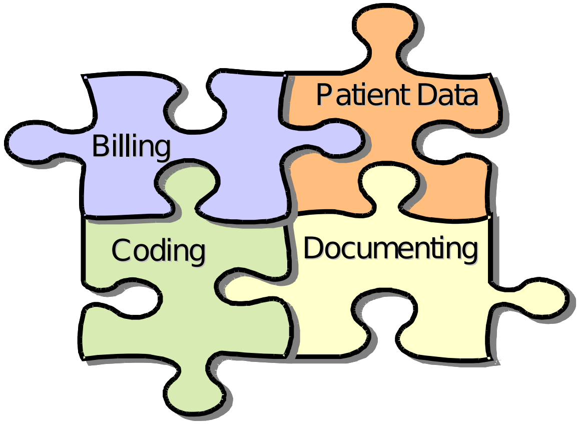
Billing and Coding Compliance



- When the provider chooses an E/M code level that is higher than he/she has adequate documentation to substantiate – this is referred to as upcoding.
- When a coder or biller sees a pattern of bills going out to third-party payers with 99205 and 99215 and 99285 for a particular physician – there may be a problem!

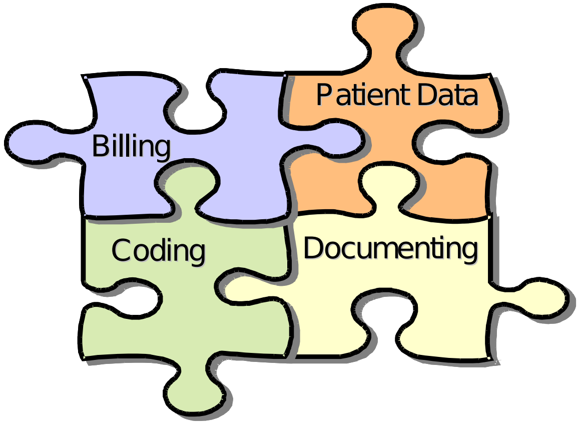
CORE COMPETENCIES

Coding and Billing Compliance



- This is when an internal corporate compliance plan comes in handy.
- The biller/coder can report this issue to the Compliance Officer who must investigate by doing an internal audit.
- The physician can be trained in E/M coding and then be re-audited for compliant behavior.

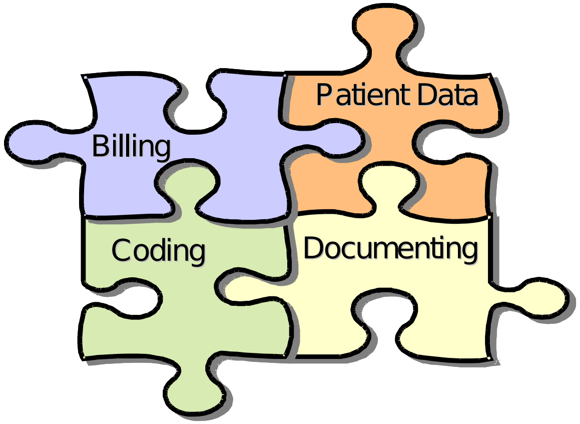
Tips from the Civilian World



- Staff who have a broad overview of the segments of the Revenue Cycle and who get to work together to resolve issues feel like they are part of the solution.
- Conveying an attitude such as: “Do it right the first time because you may not have time to redo it” is crucial to good data and timely payment. This works in the manufacturing sector.

CORE COMPETENCIES

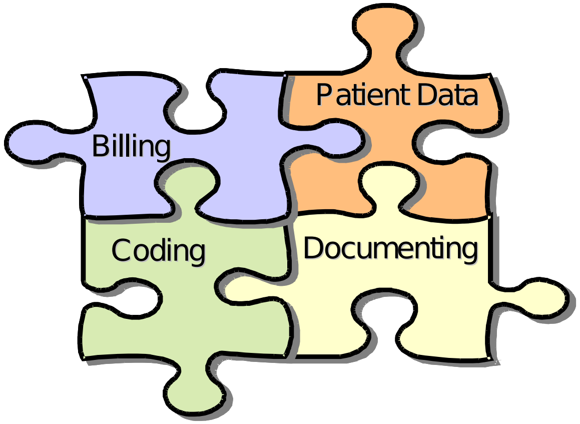
Tips from the Civilian World



- Give staff the knowledge and tools they need to become empowered.
- Understand that the training they receive needs to be ongoing since there is turnover of staff.
- Stay up-to-date on payer rules and use the internet as frequently as possible – payer manuals are located online, as well as Program Memorandums, etc.

CORE COMPETENCIES

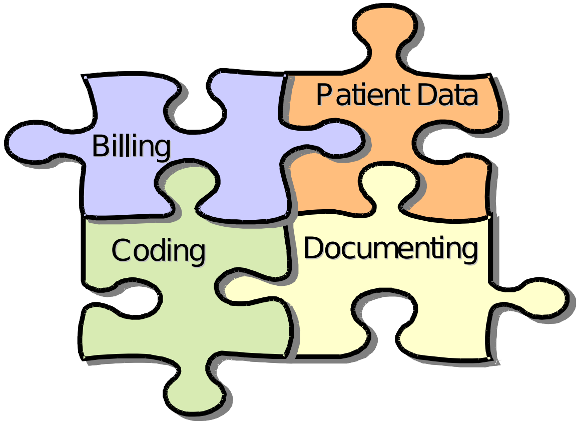
Tips from the Civilian World



- Codes change – this means new coding books for staff that use them as well as updating the charge master description master.
- Working on lowering the Aged Trial Balance, Days in Receivables Outstanding and Bad Debt Reports are all priorities in the Civilian Sector.

CORE COMPETENCIES

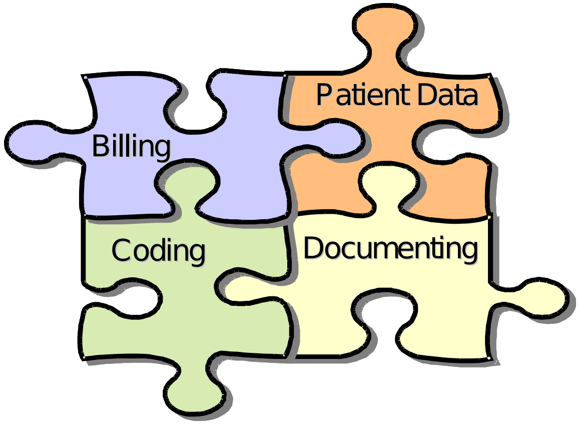
In Summary



- The Military Health System (all three services) are striving for best practice solutions in their billing and coding functions.
- There are lessons learned from the civilian sector that should be shared and taken into consideration.
- The combination of systems and operations are the tools for a best practice environment.

CORE COMPETENCIES

Discussion on How We Can Work Together


Patient Data
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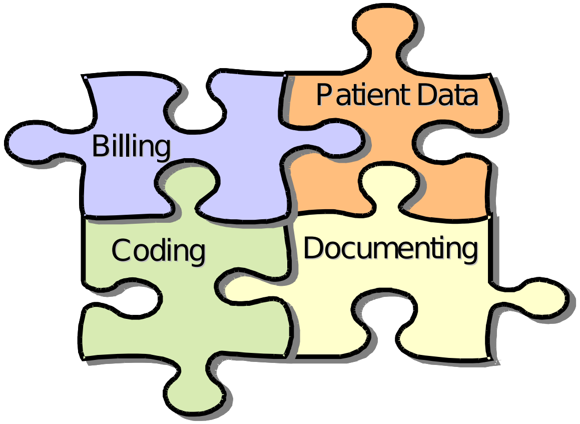
- Let’s take a few minutes to share on some positive examples of how your departments work together in the MHS….

CORE COMPETENCIES


Patient Data
Billing
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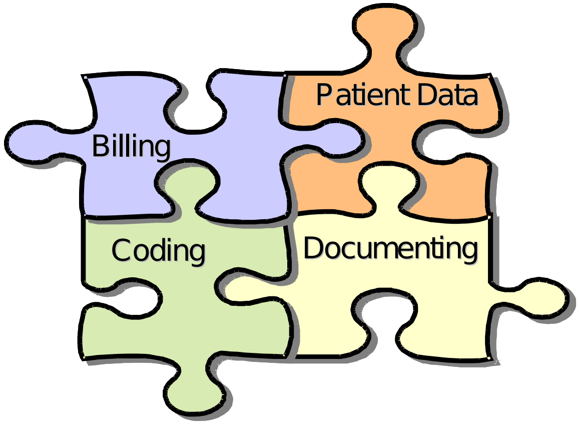
Documenting

Thank you for your kind attention! Any questions??

CORE COMPETENCIES

UBO Manual Overview/Changes


Patient Data
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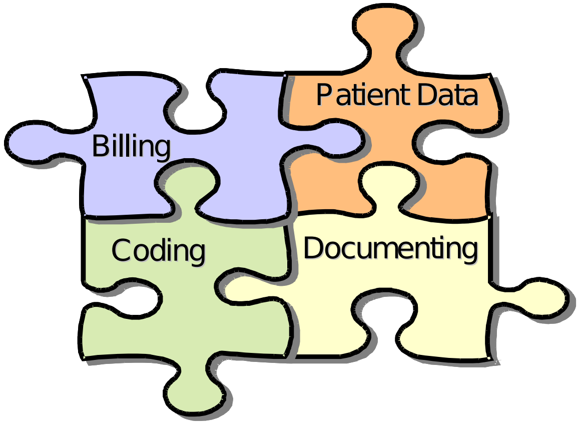
SMSgt DeLisa Prater, AF UBO Program Manager
Mr. Douglas Ashby, Army UBO Program Manager
Ms. Elizabeth Coke, Navy UBO Program Manager
Ms. Robbi-Lynn Watnik, Esq., UBO Support Contractor

UBO/UBU Annual Conference
Track 3 – UBO Basic
18 May 2005

C O R E C O M P E T E N C I E S

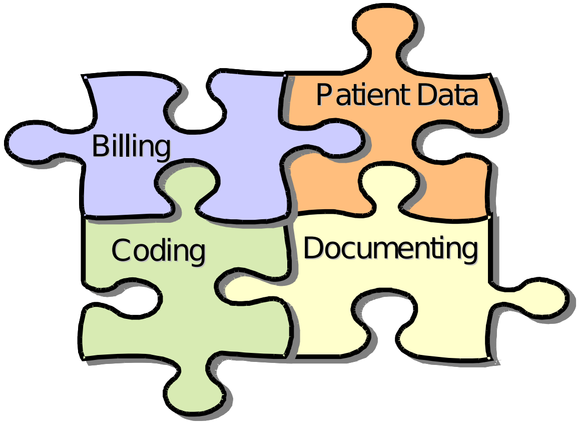
Objectives


Patient Data
Billing
Coding
Documenting

- Understand the reasons for revisions.
- Recognize the changes to the 1997 manual, highlighting key changes.
- Begin to expect new Manual release.

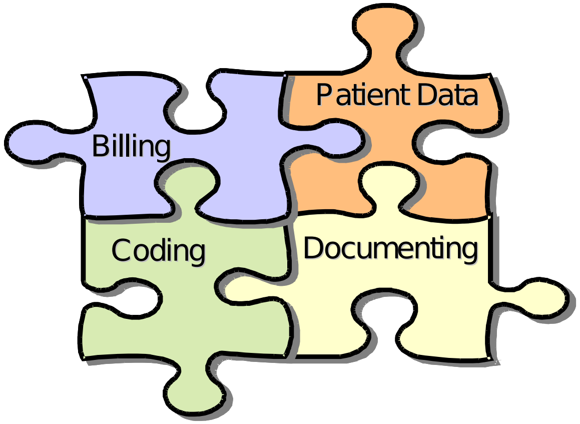
CORE COMPETENCIES

Overview


Patient Data
Billing
Coding
Documenting

- Service-specific provisions are stricken from the Manual.
- Most references/documents are hyperlinked for easy access and review.
- Chapter 6 in the 1997 Manual – split into two chapters
  - Chapter 6 – Charges for Medical Services
  - Chapter 7 – Subsistence

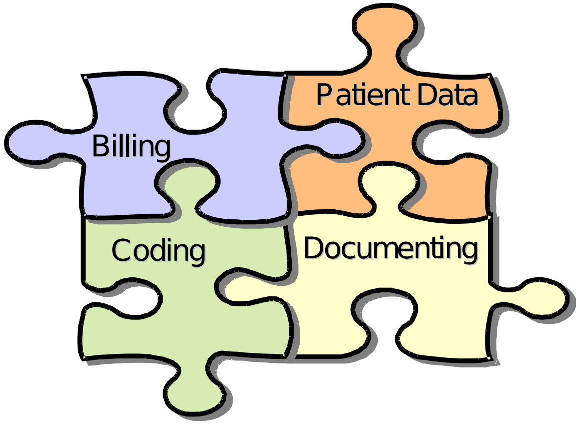
CORE COMPETENCIES


Patient Data
Billing
Coding
Documenting

Chapter 1

Introduction

Chapter 1 Introduction

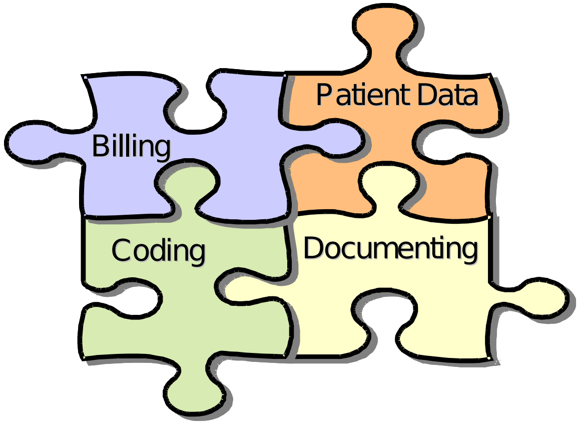


Purpose

- Replaces “uniform management system for Military Treatment Facility (MTF) business office functions” with “standardized guidance for the business office portions of the revenue cycle function at Military Treatment Facilities (MTFs).”
- Expands the MSA billing activity description to specify types of patients for whom MSA billing is appropriate.
- Expands the description of Third Party Collection.

CORE COMPETENCIES

Chapter 1
Introduction

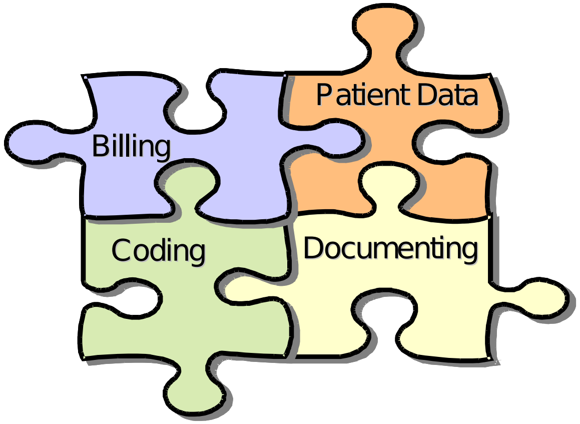


Responsibilities

- Terminology changes
  - “Assistant Secretary of Defense (Health Affairs)” changed to “Executive Director TRICARE Management Activity.”
  - “Under Secretary of Defense for Personnel and Readiness” changed to “Assistant Secretary of Defense (Health Affairs).”
  - “Joint Services and Health Affairs” changed to “Tri-Service and TMA work groups.”
  - “Management information systems” changed to “automated information systems” (AIS).
  - ‘Major Medical Command” changed to “The Services.”
  - “Joint Service (Tri-Service) HA work group” changed to “TMA work groups.”

CORE COMPETENCIES

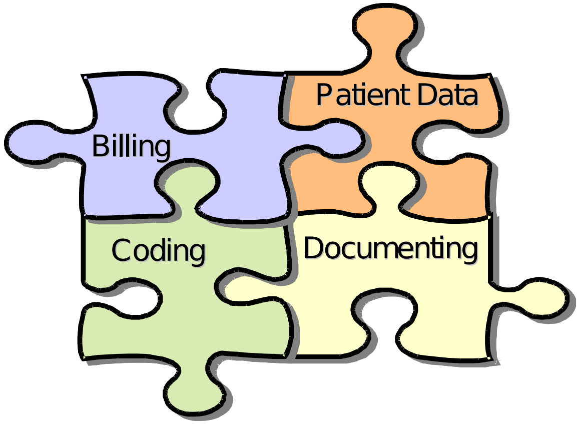
Chapter 1
Introduction



Responsibilities (continued)

- New responsibility for TMA.
  - Maintain a database of all Service policies and procedures issued to implement this guidance document.
    - Ensure that Service policies and procedures are in compliance with this guidance document Clarifies that the purpose of the a marketing program is “to achieve maximum Other Health Insurance (OHI) capture.”
  - Military Department Secretary responsibility.
- The Military Department Secretary must report to TMA instead of Office of the Assistant Secretary of Defense for Health Affairs.

CORE COMPETENCIES


Patient Data
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Documenting

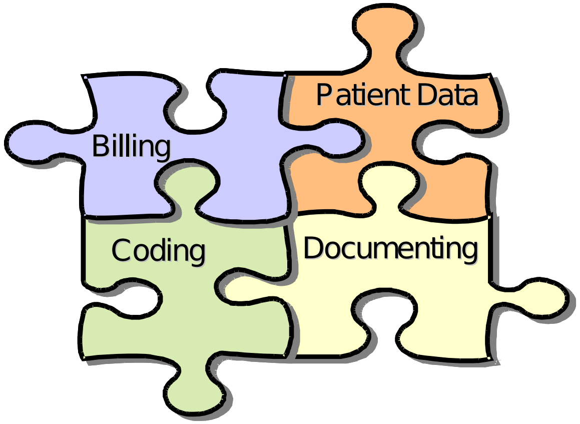
Chapter 1
Introduction

Training

- Moved to the Service level.
  - April 1997 Manual - Secretary of each Military Department

CORE COMPETENCIES

Chapter 1
Introduction


Patient Data
Billing
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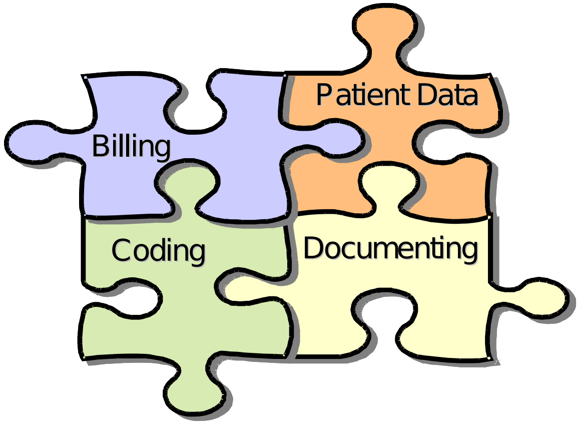
New Material

- Clarification at Service level that funds received through the Third-Party Collection Program are used *only* to enhance healthcare services.
  - Reinforces the statute.
- Services must submit reports to higher authority as required.

CORE COMPETENCIES

Chapter 1
Introduction


Patient Data
Billing
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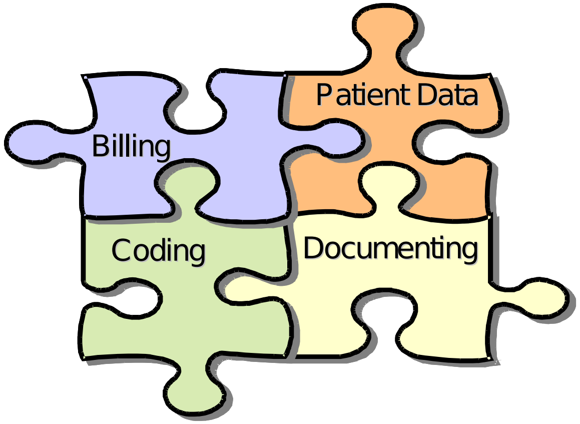
Documenting

New Material

- New requirements for the MTF commander regarding the Business Office.
  - Begins the compliance structure that is outlined in Chapter 2.

CORE COMPETENCIES


Patient Data
Billing
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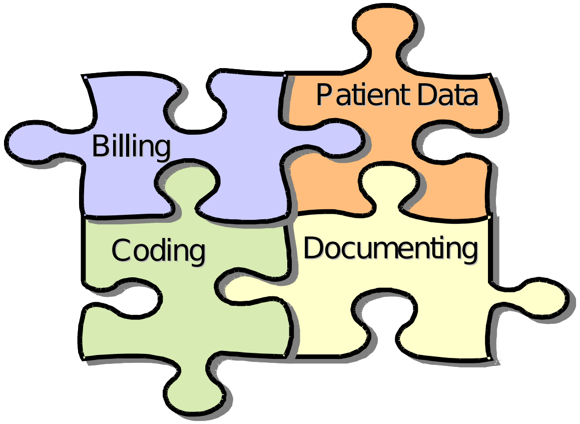
Documenting

Chapter 2
Compliance

C O R E C O M P E T E N C I E S

Chapter 2
Compliance

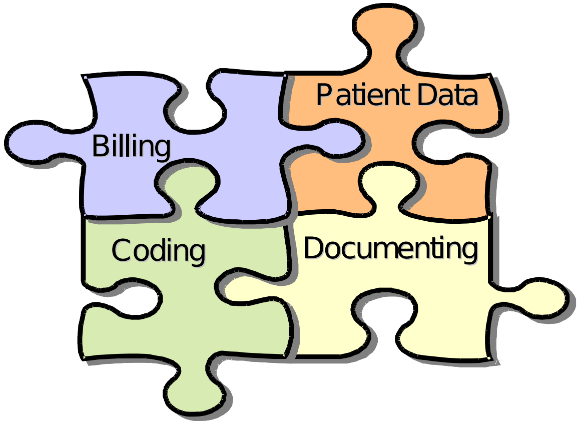


In General

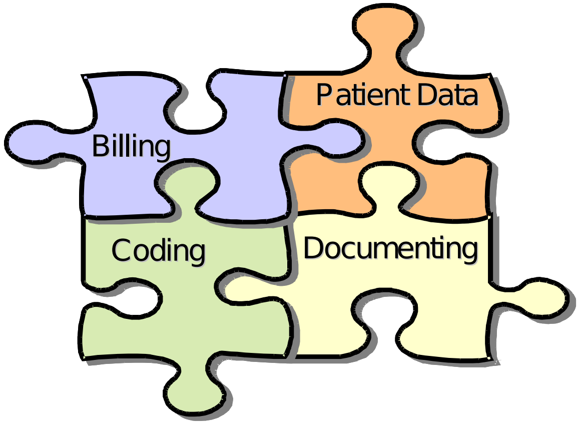
- Complete revision of the April 1997 Manual.
  - Brings compliance to the forefront of billing activities.
  - Basically modeled after Compliance Guidance documents issued by the Department of Heath and Human Services Office of Inspector General.
    - Adjusted to meet the unique needs of the Military Health System.

CORE COMPETENCIES

Chapter 2
Compliance



- Portions of the April 1997 Manual moved to other parts of the new Manual.
  - Example – Discussions of the MSA and TPC office locations are inserted in the respective chapters addressing the specific office.
- Recommendations for Auditing And Monitoring Activities.
  - Similar to the April 1997 Manual.


Patient Data
Billing
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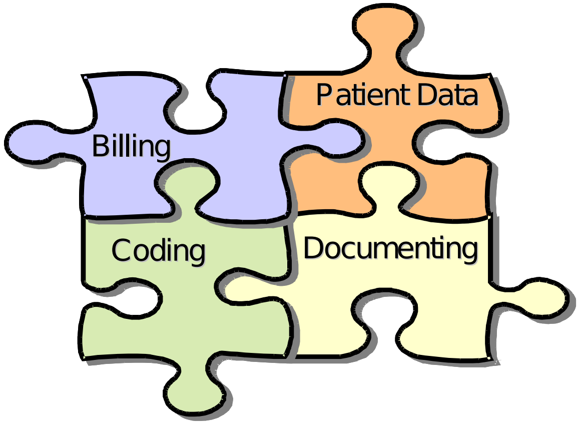
Documenting

Chapter 3
Medical Services Account

CORE COMPETENCIES

Chapter 3
Medical Services Account


Patient Data
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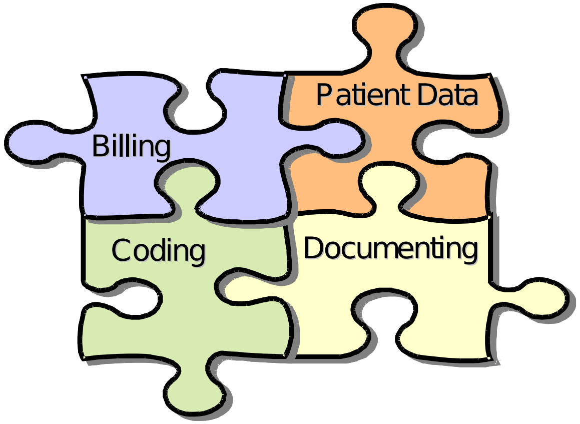
General

- No change in overall issues
- Service-specific references have been stricken.
- “Medical services” = “medical and dental services.”

CORE COMPETENCIES

Chapter 3
Medical Services Account


Patient Data
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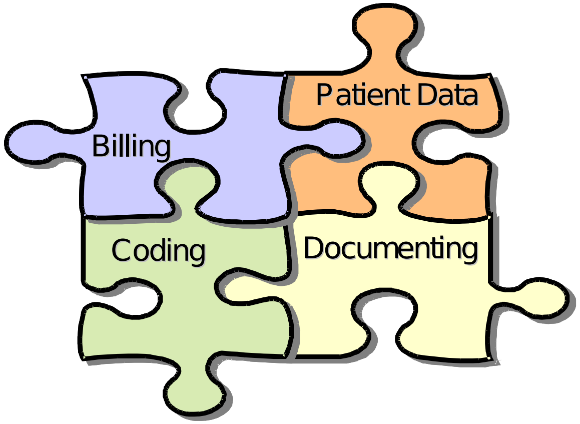
Appointment of the MSA Officer

- The MSA officer *must* be a commissioned officer, NCO, warrant officer or civilian employee.
  - A contractor may not serve as an MSA Officer.

CORE COMPETENCIES

Chapter 3 Medical Services Account

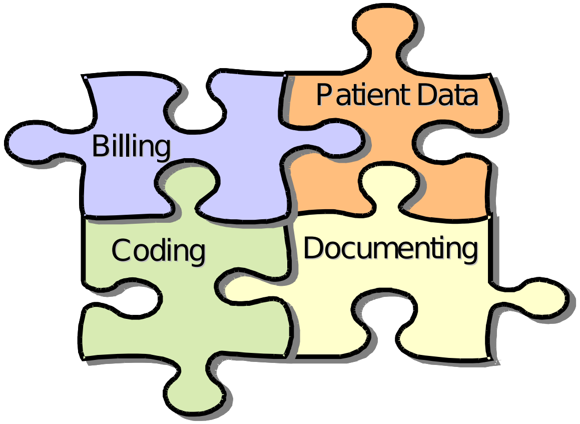


Responsibilities of the MSA Officer

- Provide relevant charge information to patient admissions personnel.
  - Originally, the MSA Officer had to ensure that “patients are aware of” the relevant charges.
- The cross reference to Chapter 6 is changed to Chapters 6 and 7 to reflect the change in the proposed Manual.
- The deposit and internal control procedures are revised.

C O R E C O M P E T E N C I E S

Chapter 3
Medical Services Account


Billing
Patient Data
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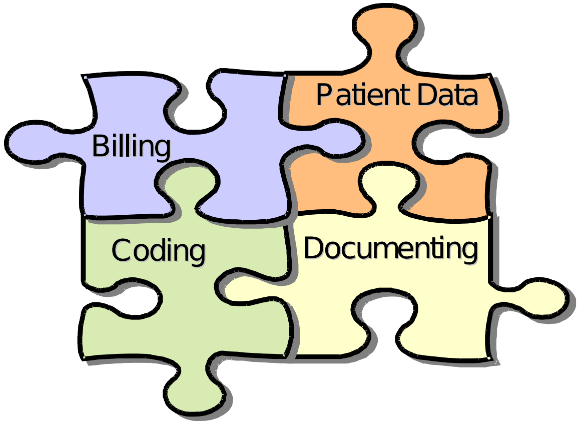
Transferring MSA Officer Responsibilities

- References to “FSO, DAO, and DO” have been stricken and replaced with “servicing accounting and finance offices.”

CORE COMPETENCIES

Chapter 3
Medical Services Account



Change Funds

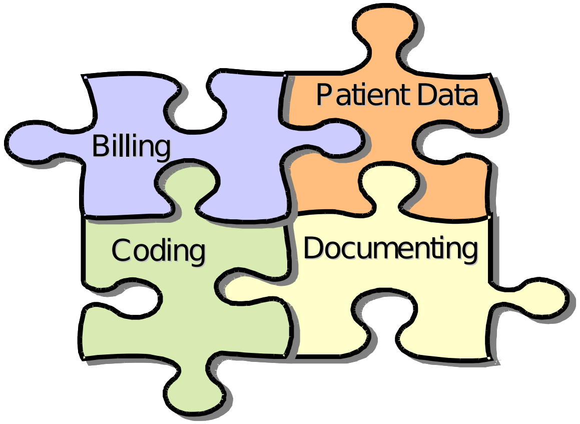
- This Section provides additional clarity as to how the change fund authorization is to be obtained.

Minimum Internal Controls

- This Section provides additional guidance to allow for manual reporting when automated reporting is not available or otherwise appropriate.

CORE COMPETENCIES

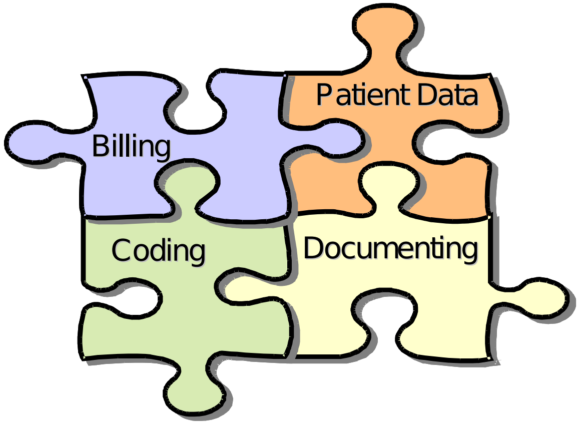
Chapter 3
Medical Services Account



Responsibility For Loss of Funds And Action to Be Taken

- The MSA officer may not procure surety bonds with appropriated funds.
  - MSA officers may not be required to provide bond at their personal expense.
- Lack of bond coverage does not relieve the custodian of responsibility for funds, patient valuables, or financial liability in case of loss.

Chapter 3
Medical Services Account



Responsibility For Loss of Funds And Action to Be Taken (cont'd.)

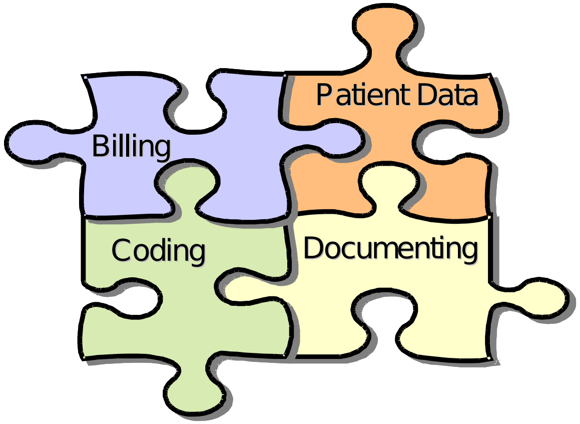
- Notify the MTF commander if a loss or deficiency of Government funds, vouchers, or papers is discovered.

  - The MTF commander shall submit a request for an investigation from the base or post.

- If a loss occurs, take action as outlined in the *FMR.*

CORE COMPETENCIES

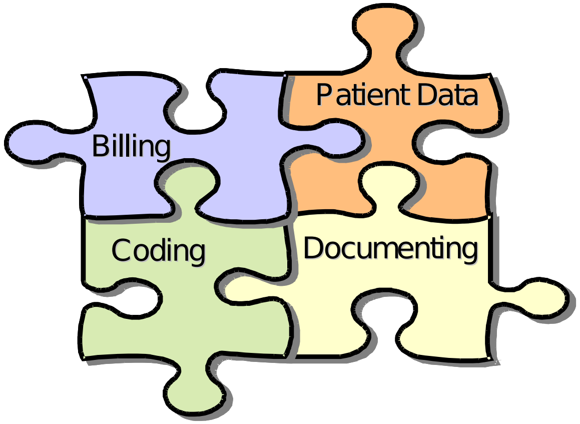
Chapter 3
Medical Services Account



Procedures for Charging Fees for Trauma Care and Other Medical Care Provided to Civilians (cont’d.)

- Civilians who are not covered beneficiaries shall be charged for trauma and other medical care.
- They are treated at their own expense and billed using an I&R.
  - These patients should complete a DD Form 2569.

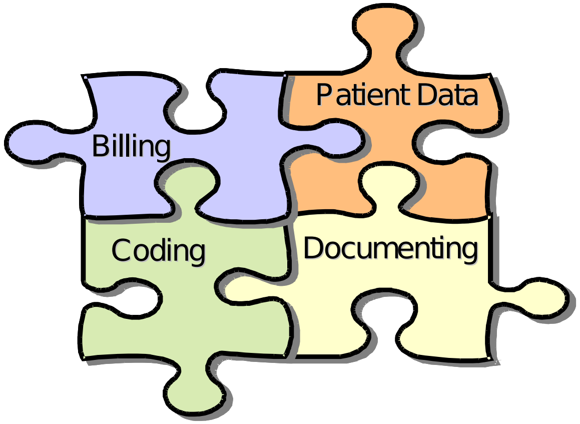
Chapter 3
Medical Services Account


Patient Data
Billing
Coding
Documenting

Procedures for Charging Fees for Trauma Care and Other Medical Care Provided to Civilians (cont'd.)

- The amount collected shall be used for:
  - Trauma consortium activities;
  - Administrative, operating and equipment costs; and
  - Readiness training.

Chapter 3
Medical Services Account

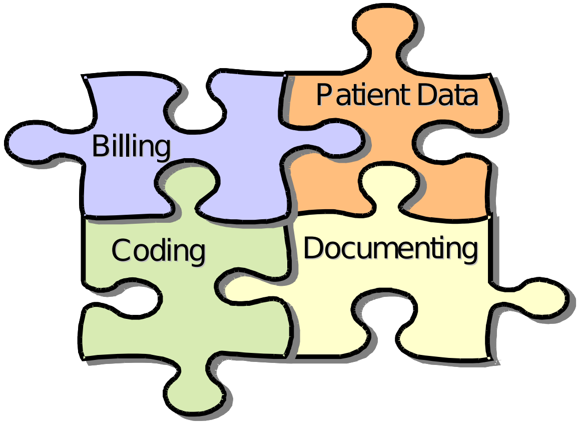


Billing Non-Uniformed Services Beneficiary Patients During Contingency Operations

- These individuals are eligible for treatment in forward deployed non-fixed medical facilities.
  - They should not be billed.
- Bill the patient if he or she needs services beyond the mobile setting and is transferred to a fixed MTF.

CORE COMPETENCIES

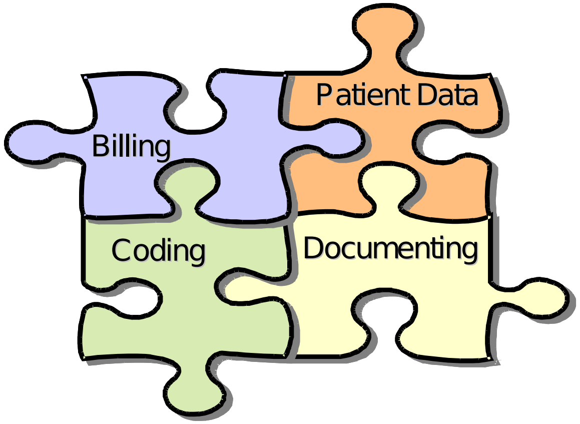
Chapter 3
Medical Services Account



Billing State Agency Sponsored Programs, Such As Medicaid

- Follow Service-specific guidelines for filing claims to state agency sponsored programs and for uncollected debt.
- Bill Medicaid on behalf of Non-Uniformed Services Medicare-eligible emergency patients at the full rate.

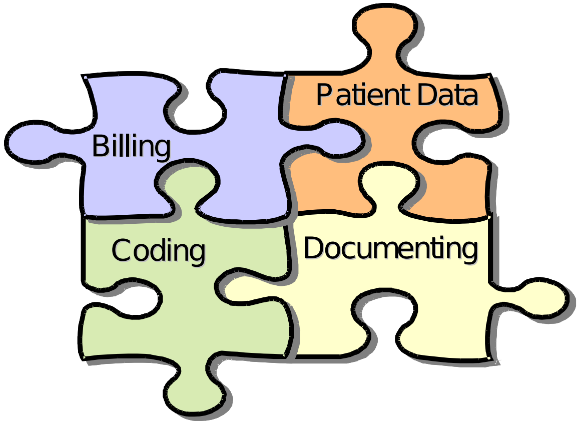
Chapter 3
Medical Services Account



Billing State Agency Sponsored Programs, Such As Medicaid

- The MSA Officer may also bill the patient directly for physician’s services if Medicaid does not pay.
    - Partial payments are accepted as payment in full.
- Provide the patient an itemized bill for the services rendered.

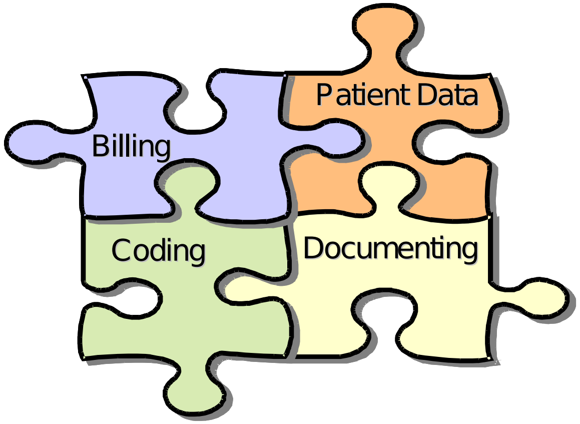
Chapter 3
Medical Services Account



Health Care Billing for IMET, Foreign Military Sales (FMS), North Atlantic Treaty Organization (NATO)

- The MSA Officer shall obtain a copy of the invitational orders for Healthcare Billing for International Military.
- Look to the annual Medical and Dental Rates package for:
  - Charges for health care;
  - Responsibility for payment; and
  - collection and processing of bills

Chapter 3
Medical Services Account

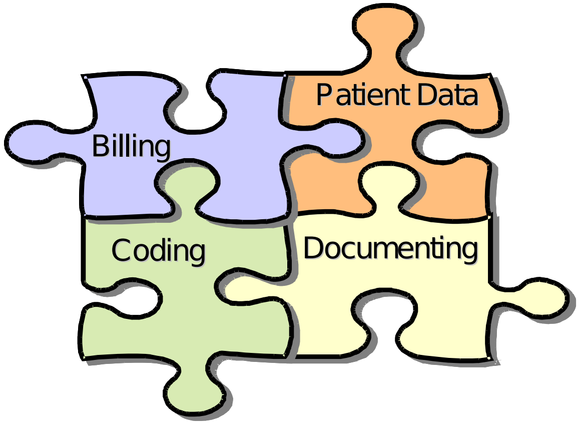


Elective Cosmetic Surgery

- Charge all patients for elective cosmetic surgery rates.
  - The rates are in the medical and dental rates.
- Implants and procedures must comply with FDA Guidelines.
- Patients must sign a letter acknowledging the debt.
  - File a copy of the letter in the MSA office accounts receivable file.

CORE COMPETENCIES

Chapter 3
Medical Services Account


Billing
Patient Data
Coding
Documenting

DD Form 1131, Cash Collection Voucher

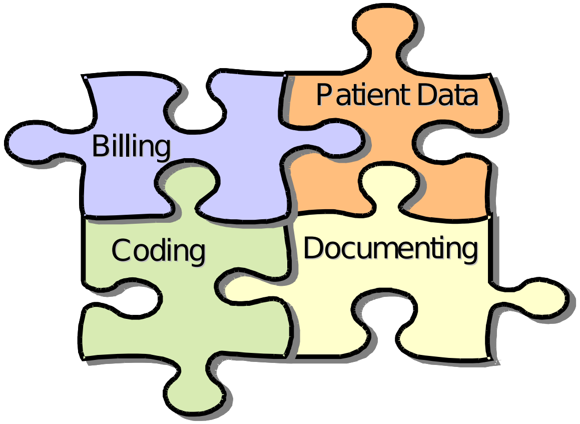
- This Section has been updated to reflect changes in automated processes within DoD since 1997.

Methods of Settling Outstanding Accounts Receivable

- References to 15-day follow-ups are stricken.

CORE COMPETENCIES

Chapter 3
Medical Services Account

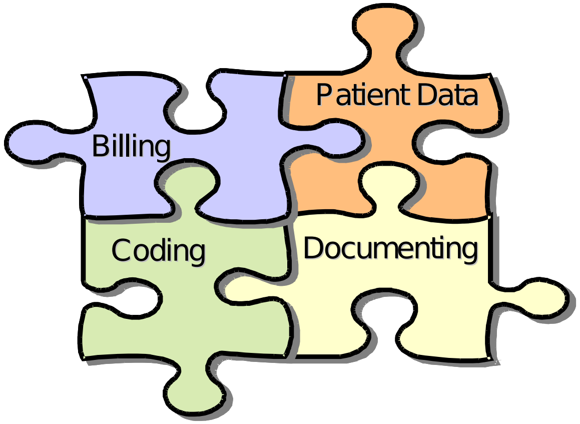


Medical Services Account Reports

- New procedures for completing the Monthly MSA Report (DD Form 1860)
- At the end of each month, make a summary of MSA activity showing billing and collections for reimbursable services and subsistence.
  - The MSA officer shall submit a separate report for the current and prior fiscal years until all prior years' outstanding accounts receivable have been resolved.

CORE COMPETENCIES

Chapter 3
Medical Services Account

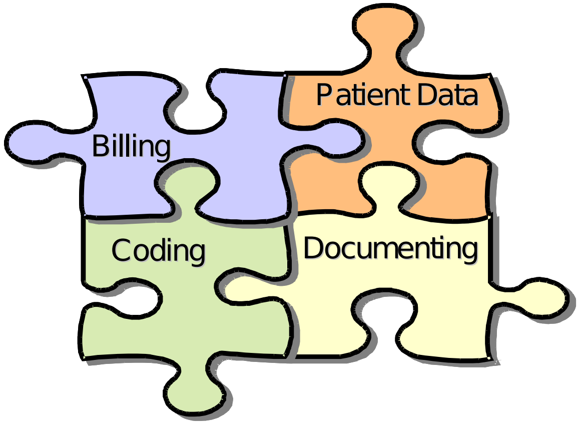

Patient Data
Billing
Coding
Documenting

Medical Services Account Reports (cont'd.)

- Report the following separate sections by sales code:
  - Subsistence;
  - Medical Services; and
  - Food Service Rate collections.

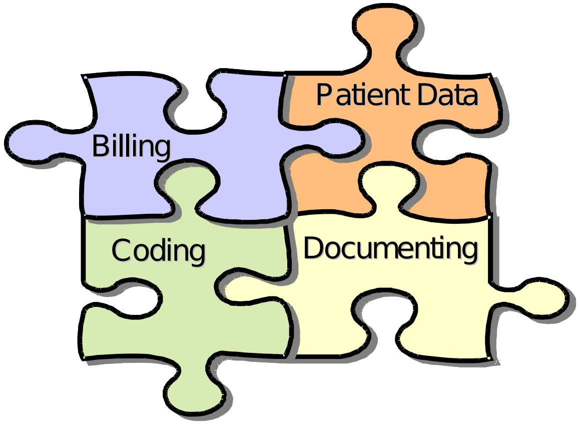
CORE COMPETENCIES

Chapter 3
Medical Services Account


Billing
Patient Data
Coding
Documenting

Disposition of Records

- The period of record retention is increased to six (6) years, three (3) months.

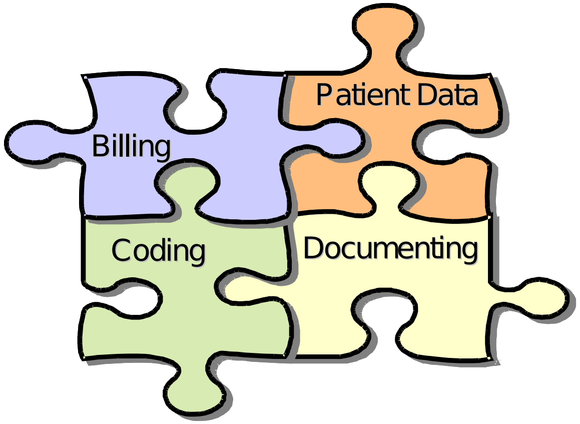

Patient Data
Billing
Coding
Documenting

Chapter 4

Third Party Collection Program

CORE COMPETENCIES

Chapter 4
Third Party Collection Program

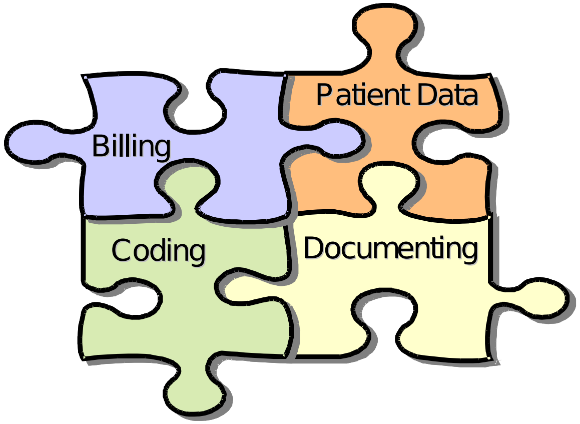


Overall

- Chapter more clearly delineates the elements of an effective TPCP.
  - Examples:
    - Adds requirement for a review of all aspects of the revenue cycle,
      - Was accounts receivable management.
    - Lists the minimum participants in that cycle.
      - A/R mgt, QA/UR, Admissions, etc.

C O R E C O M P E T E N C I E S

Chapter 4
Third Party Collection Program

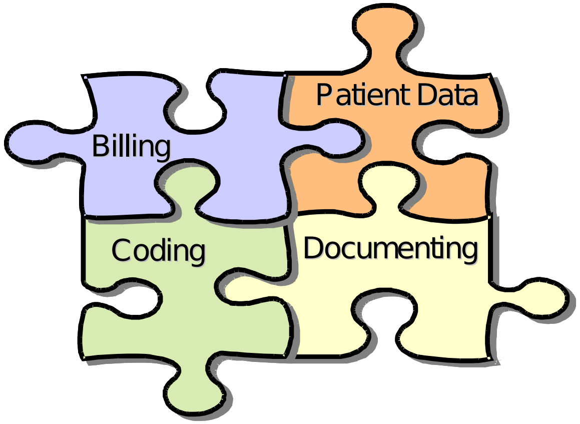


Health Care Plans Not Subject to the TPC Program

- Modifies program titles to reflect their accurate legal titles.
  - “TRICARE” and “TRICARE Supplemental Plans” replace “CHAMPUS” and “CHAMPUS Supplemental Plans.”
  - Specifies the plans included in Medicare and Medicaid to preclude billing.

CORE COMPETENCIES

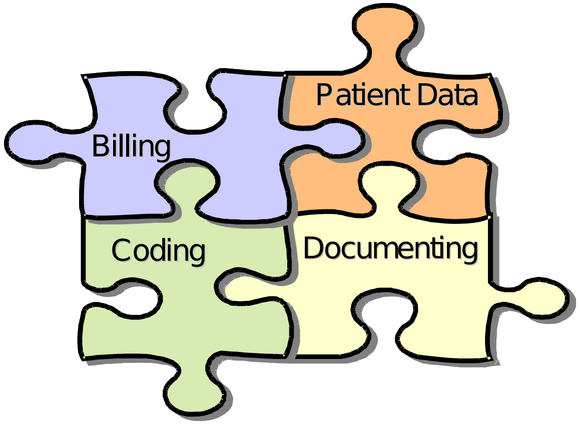
Chapter 4
Third Party Collection Program



Medical Services Billed

- Updates the list of services that are billable.
  - Observation, APVs, anesthesia
- No longer limits ancillary services billing to those that are high cost ordered by external providers.
  - We will be able to bill internally and externally generated ancillary services, with no minimum threshold.

Chapter 4
Third Party Collection Program



Medical Services Not Billed

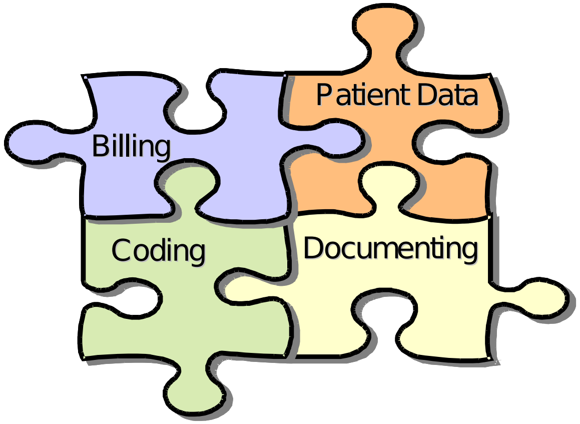
- Adds a requirement to notify TMA about any services for which rates are not established.

Identifying Beneficiaries Who Have Other Health Insurance (OHI)

- Enhanced instructions to obtain adequate information to bill a third-party payer.
  - Refers reader to Chapter 5 (MAC) for further guidance when injury is accident or work-related.
  - Adds instructions to obtain the employer of a patient's parents if that patient is an unemancipated minor.

CORE COMPETENCIES

Chapter 4
Third Party Collection Program

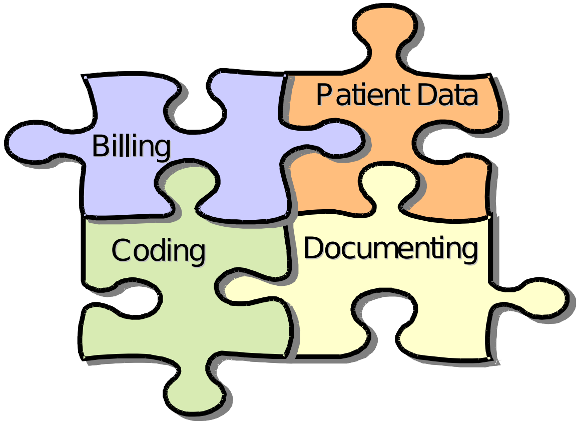

Billing
Patient Data
Coding
Documenting

Billing Activities

- Updated to reflect changes due to transition to OIB.
- Updates forms used for billing.
  - CMS 1500 replaces HCFA 1500

CORE COMPETENCIES

Chapter 4
Third Party Collection Program


Patient Data
Billing
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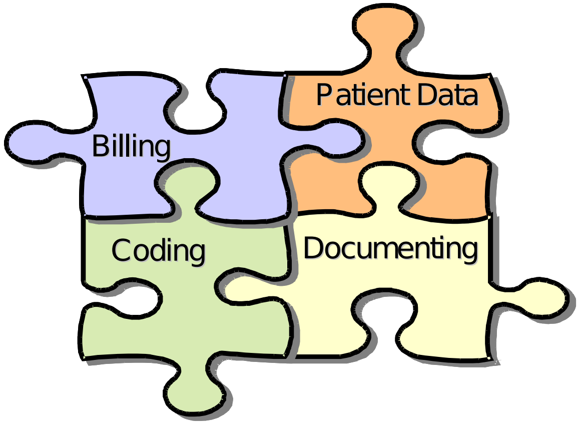
Documenting

Authorization to Release Medical Information in Support of TPC

- Revised to reflect implementation of the HIPAA Privacy Rule.
  - Release only the minimum necessary information to private insurers.

Chapter 4
Third Party Collection Program

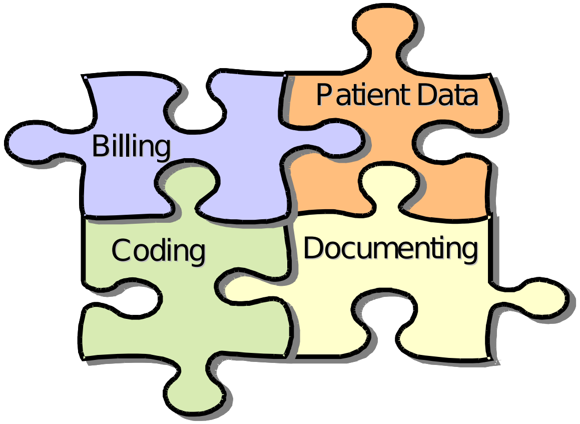


Collection Activities

- Removes 30-day follow-up requirement.
  - Adds a 90-day follow-up requirement.
- Adds guidance on collection of interest payments.
  - Payment plus interest cannot exceed billed amount, etc.
- Specifies TPC claims files shall be maintained for at least 6 years, 3 months.

CORE COMPETENCIES

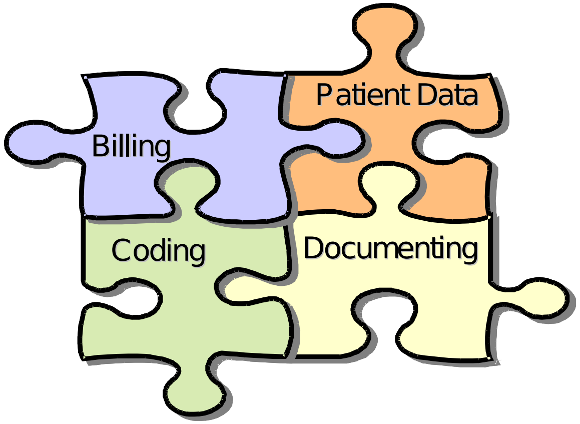
Chapter 4
Third Party Collection Program


Patient Data
Billing
Coding
Documenting

TPC Program Annual Report

- Includes additional specifications for the TPCP Annual Report to TMA.
  - Amount billed/collected, etc.

CORE COMPETENCIES


Patient Data
Billing
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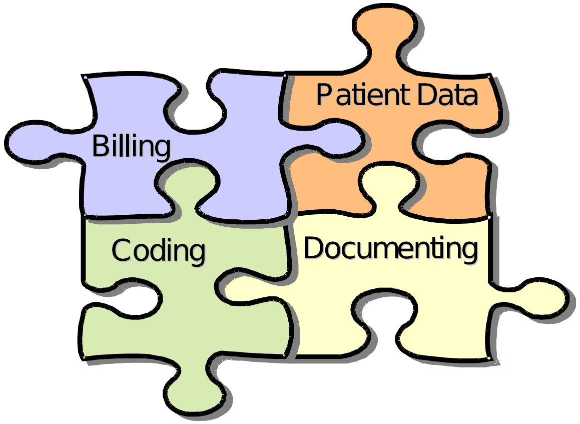
Documenting

Chapter 5

Medical Affirmative Claims

CORE COMPETENCIES

Chapter 5
Medical Affirmative Claims



General

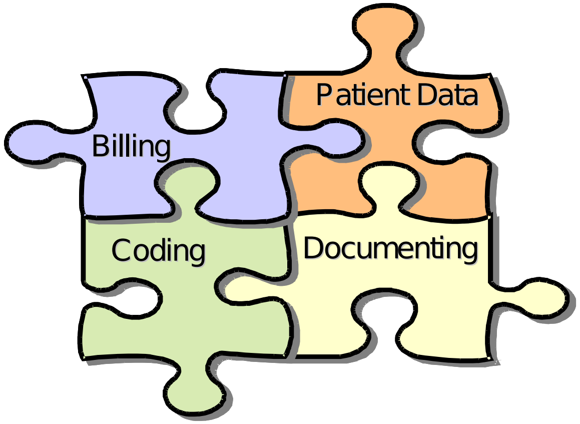
- "Contractually-based insurance" replaces "tort-based insurance."
  - Deposits are made to the MTF O&M account
    - Authorized by federal law.

Recovery Judge Advocate

- Expands Recovery Judge Advocate responsibilities
  - Example: Contact TRICARE Claims processor to ensure all Government expenses are included in claim assertion.

C O R E
C O M P E T E N C I E S

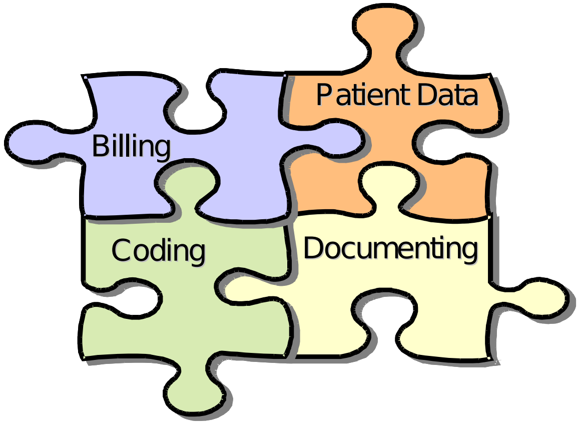
Chapter 5
Medical Affirmative Claims



MTF Responsibilities

- Expands procedures and documents to be used to identify and support potential MAC claims.
  - Example: Use existing TPC Program procedures and documents to the greatest extent possible to identify potential MAC claims and provide applicable accident and injury information.

CORE COMPETENCIES

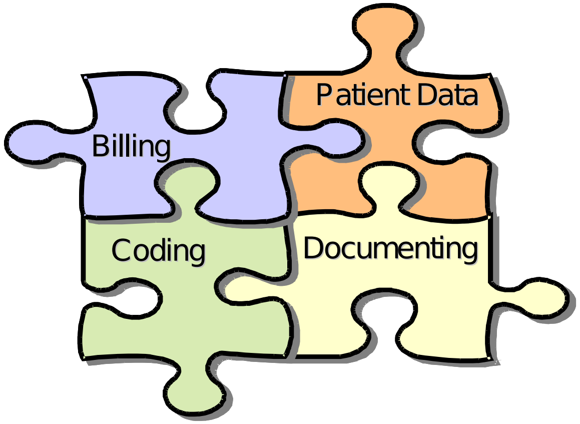

Billing
Patient Data
Coding
Documenting

Chapter 6

Charges for Medical Services

C O R E C O M P E T E N C I E S

Chapter 6
Charges for Medical Services

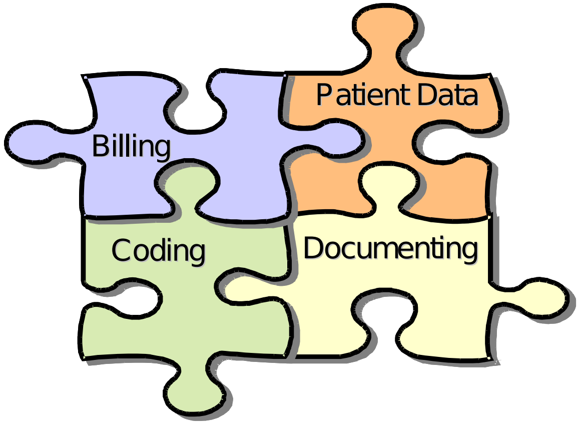

Billing
Patient Data
Coding
Documenting

Policy

- Offers more statutory authority.
- Inpatient charges are DRG-based rates.
- Adds outpatient itemized billing.
- TRICARE Resource Sharing Agreement.
  - Bill third party the same as any similar service.

CORE COMPETENCIES

Chapter 6
Charges for Medical Services


Patient Data
Billing
Coding
Documenting

Inpatient Rates

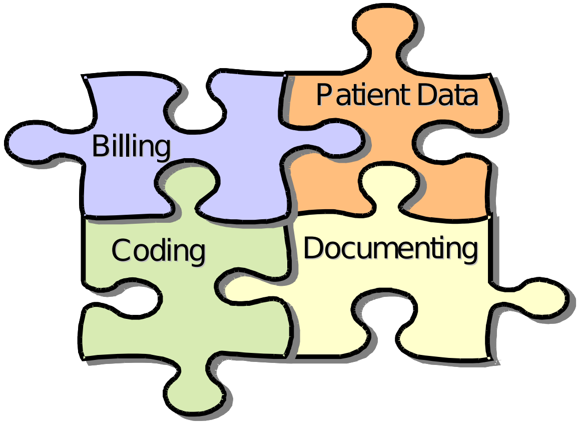
- Newborn Charge updates

Outpatient Itemized Billing

- Replaces the old outpatient billing with the changes due to outpatient itemized billing

CORE COMPETENCIES

Chapter 6
Charges for Medical Services

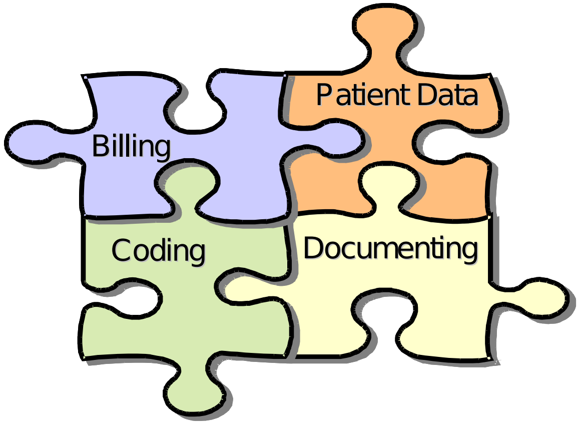


Overseas Outpatient Charges

- Can bill non-beneficiaries OHI.
- Alert CO if there is no established rate to forward to TMA.
- Prescription refills and\or renewals when consultation or evaluation by a healthcare provider is not required.
  - NO LONGER AT NO CHARGE.

CORE COMPETENCIES

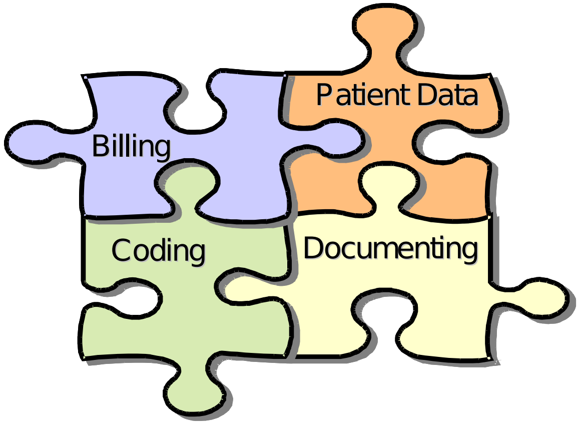
Chapter 6
Charges for Medical Services


Patient Data
Billing
Coding
Documenting

Appropriated and Non-Appropriated Employees

- Put in own section.
- List the services for which there are no charges for these individuals.

CORE COMPETENCIES


Patient Data
Billing
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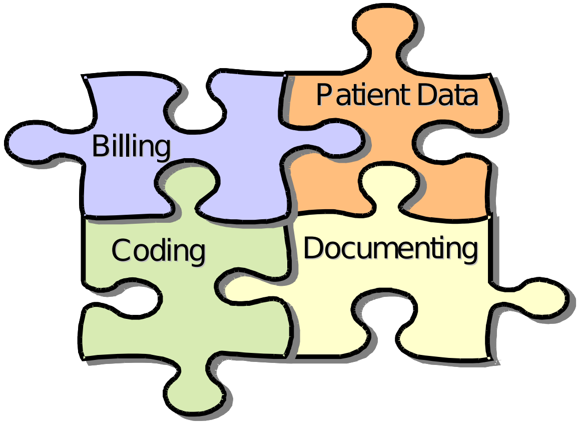
Chapter 7
Subsistence Charges

CORE COMPETENCIES

Chapter 7
Subsistence Charges


Patient Data
Billing
Coding
Documenting

Policy

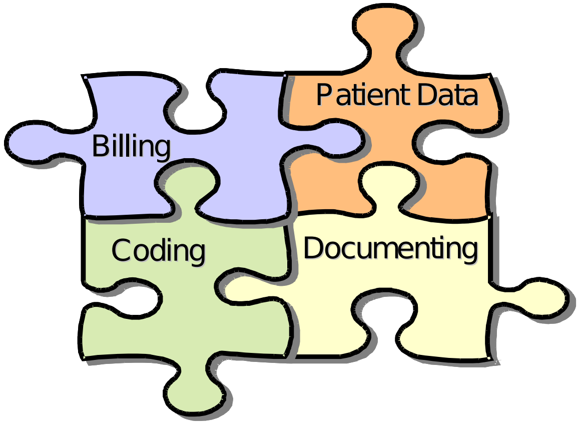
- Implements NDAA FY05 changes.
- AD and retirees do not pay subsistence charges.

Subsistence Charges

- Purpose and what is included in Subsistence charges.

CORE COMPETENCIES

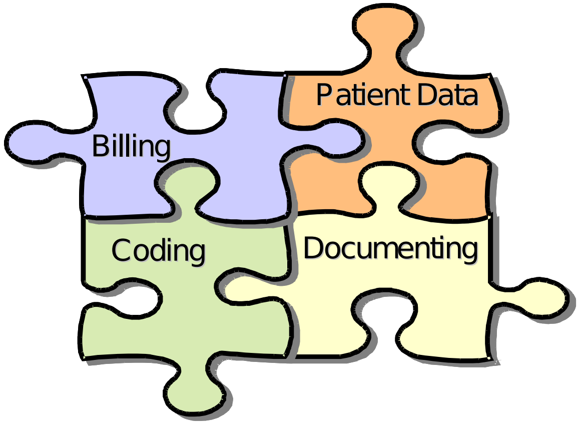
Chapter 7
Subsistence Charges



Collection and Disposition of Subsistence Charges

- Funds collected/deposited locally.
- MSA office attempt collection at time of discharge.
- Date of billing = date of discharge.
- If charges not paid in 30 days, MSA office will follow up with delinquent letter.

Chapter 7
Subsistence Charges

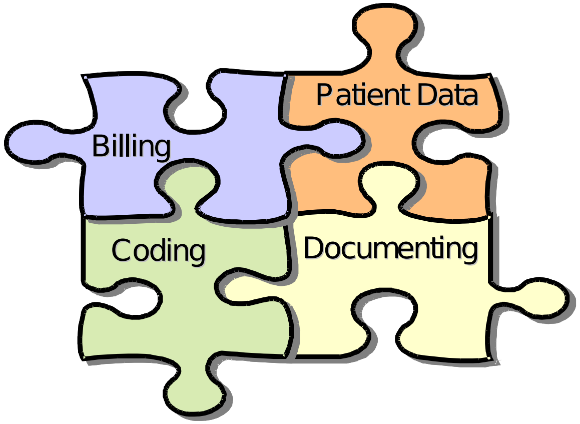


Collection and Disposition of Subsistence Charges (continued)

- No charges to transient patients.
- For Military Academies, MSA office will submit DD form 139 to appropriate service.
- MSA office collects monies from trustees/sponsors for mentally incompetent patients.

CORE COMPETENCIES

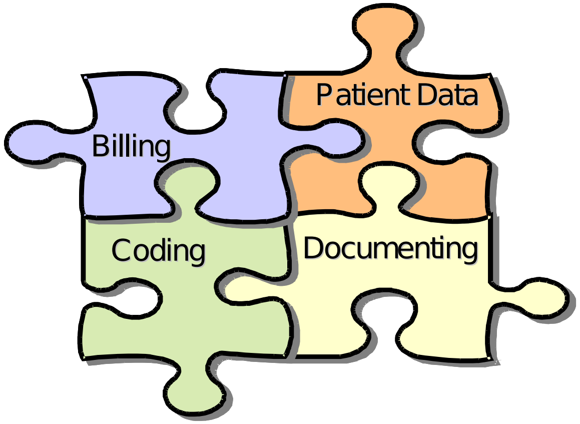
Chapter 7
Subsistence Charges



Discount Rate

- Changes “Exemption from charges” to “Discount rate”
- Per the FMR, the MSA officer must charge a discount rate to the following:
  - Spouses/Dependents of enlisted personnel in grades E-1 through E-4 who are not patients.
  - Members of non-profit youth groups are permitted to eat in dining halls.
    - e.g. Civil Air Patrol, Junior Reserve Officer Training Corps and Scouting units.

Chapter 7
Subsistence Charges

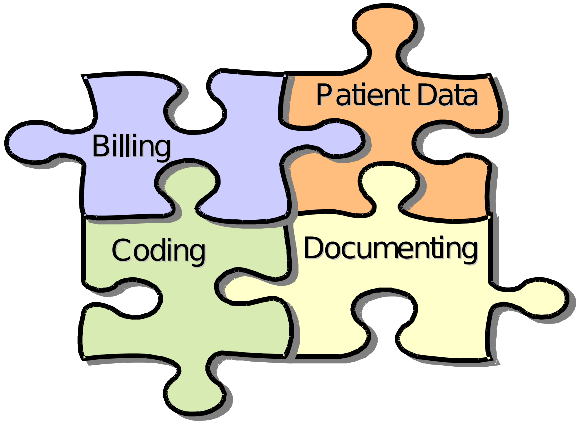


Discount Rate (continued)

- Officers, enlisted members and civilian employees who are not receiving the meal portion of per diem and are:
  - Performing duty on Government vessel
  - On field duty
  - In a group travel status
  - Included in essential unit measuring (EUM) as defined in Joint Federal Travel Regulation

CORE COMPETENCIES

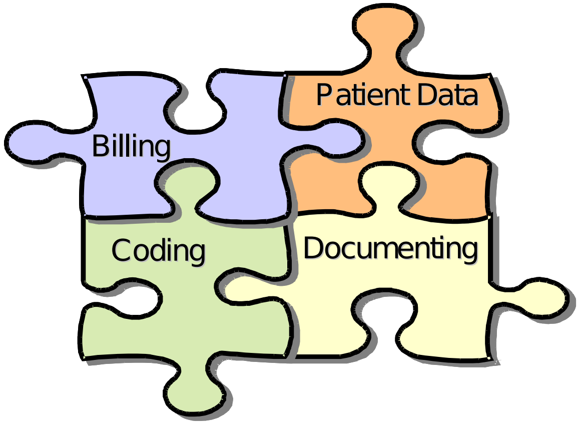
Chapter 7
Subsistence Charges



Discount Rate (continued)

- Officers, enlisted members and Federal employees who are not receiving the meal portion of per diem and are on a US government aircraft on official duty as a passenger or crew member engaged in flight operations.
  - Or they are involved on Joint Task Force operations other than training at temporary US installations or using temporary dining facilities.

Chapter 7
Subsistence Charges

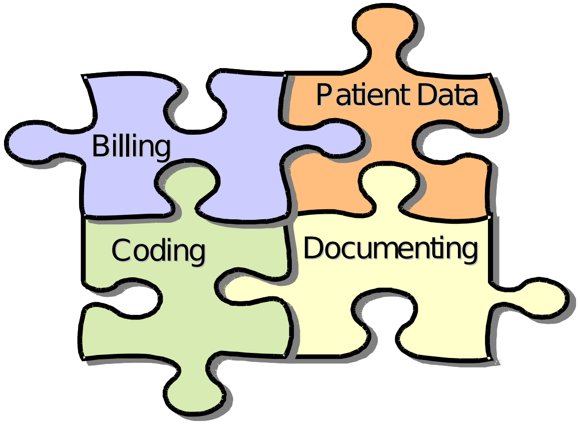


Standard Rate

- Per FMR, MSA Officer must charge the standard rate for meals served to all officers, enlisted members and Federal civilian employees receiving an allowance for subsistence, who are authorized to eat in DoD appropriated fund dining facilities.
    - This includes Reserve Component officers on Inactive Duty Training.

CORE COMPETENCIES

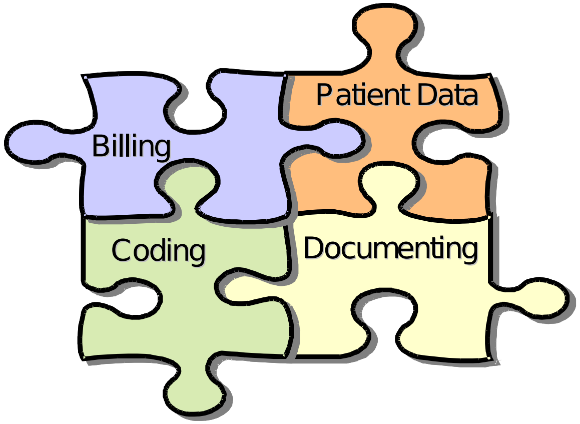
Summary


Patient Data
Billing
Coding
Documenting

- Understand the reasons for revisions.
- Recognize the changes to the 1997 manual, highlighting key changes.
- Begin to expect new Manual release.

CORE COMPETENCIES

Questions?


Patient Data
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Contact Us

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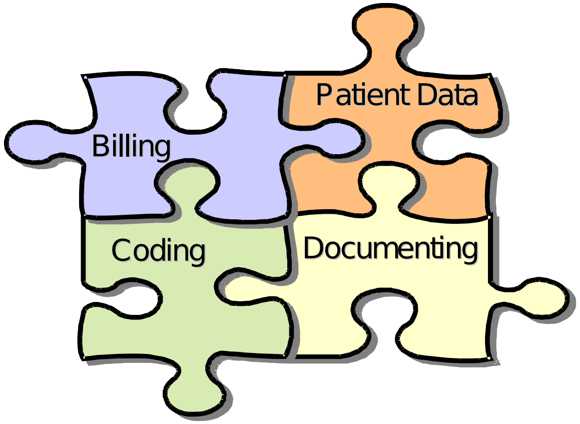
  - 703-575-1679 – Robbi-Lynn.Watnik@altarum.org

CORE COMPETENCIES


Billing
Patient Data
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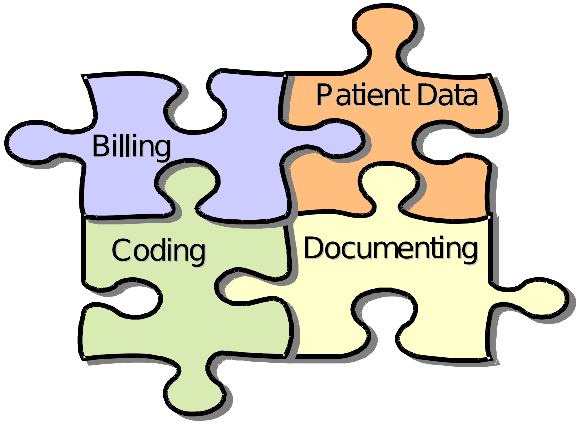
Documenting

Anesthesia Billing in the MHS in 2005

Lt Col Jeanne Yoder
Tuesday, 17 May 2005, 1510
Track 3, UBO

CORE COMPETENCIES

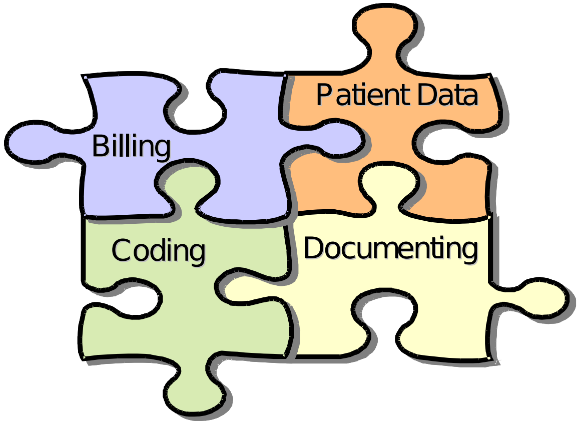


Objectives

- Understand how the civilian sector bills anesthesia
- Know how ambulatory procedure visit (APV) anesthesia services are currently billed
- Know how cosmetic surgery anesthesia services are currently billed
- Understand why we don’t currently bill separately for inpatient surgeries

CORE COMPETENCIES

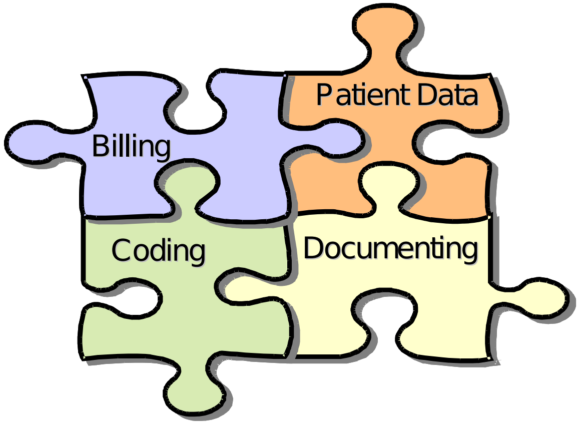
Anesthesia Coding Books



- Crosswalk
  - If you have the CPT code for the professional services, it will give you the appropriate anesthesia code (sometimes there will be alternates and you will have to select the correct one)
  - Gives you **BASE UNITS** for the pre-anesthesia assessment, the anesthesia, and post anesthesia recovery

CORE COMPETENCIES

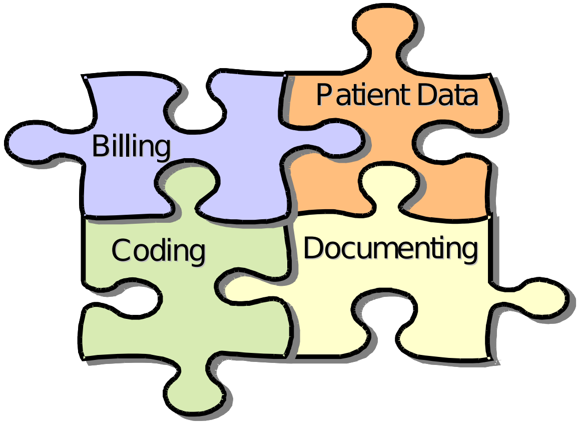
Anesthesia Coding Books


Patient Data
Billing
Coding
Documenting

- Relative Value Guide
  - List of base units in anesthesia code sequence
  - Highest base units I’ve noticed, 00566
- Base Units also given for TIME from when anesthesia starts until patient released from anesthesia care
  - Usually 15 minutes = 1 base unit

CORE COMPETENCIES

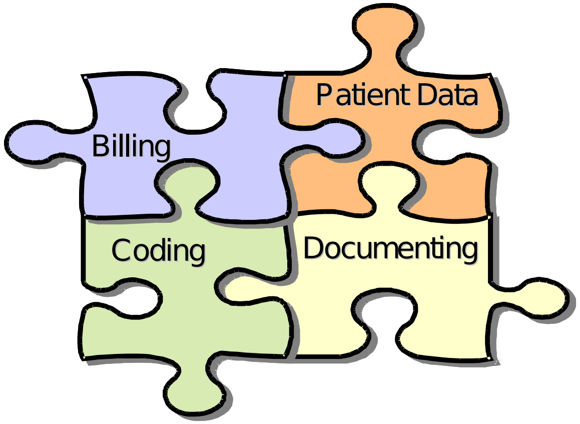
Additional Base Units


Patient Data
Billing
Coding
Documenting

- P3 – patient with severe systemic disease
  - **1 base unit extra**
- P4 – patient with severe systemic disease that is a constant threat to life
  - **2 base units extra**
- P5 – moribund patient who is not expected to survive without the operation
  - **3 base units extra**

CORE COMPETENCIES

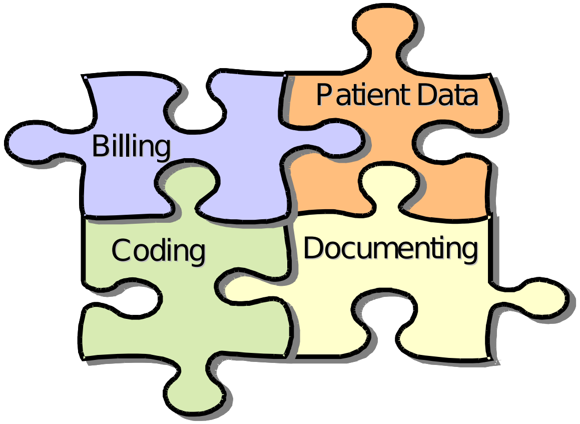
Additional Base Units



- 99100 – **1 base unit** – pt of extreme age, under 1 year or over 70
- 99116 – **5 base units** – anesthesia complicated by use of total body hypothermia
- 99135 – **5 base units** – anesthesia complicated by use of controlled hypotension
- 99140 – **2 base units** - anesthesia complicated by emergency conditions

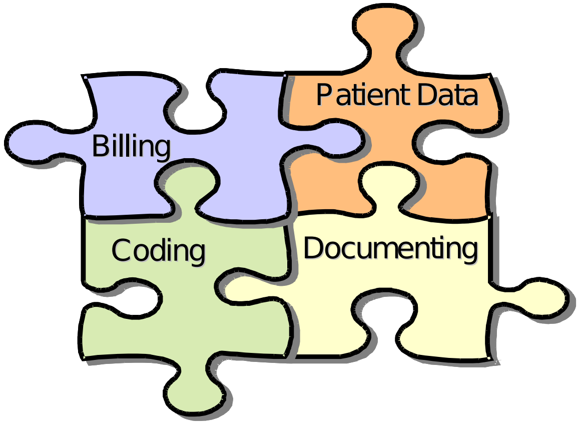
CORE COMPETENCIES

Civilian Sector Anesthesia Billing



- Even if multiple surgical procedures, only code the anesthesia code with the highest base units
- Add time of ALL procedures, divide by 15 minutes = # of time related base units
- Code base units + time base units = $$$$
- BOTTOM LINE: Only one 0xxxx code per encounter (except for OB and burns which may have an “add-on” code)

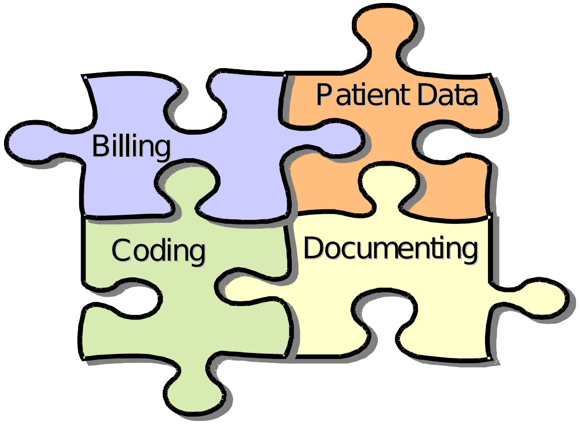
Civilian Sector Anesthesia Billing



- Modifiers to indicate
  - Anesthesiologist alone
  - Anesthesiologist directing another provider
  - Anesthesiologist supervising another provider
  - CRNA directed or supervised by another
  - CRNA alone
- May have two different providers with same codes, only modifiers will be different

CORE COMPETENCIES

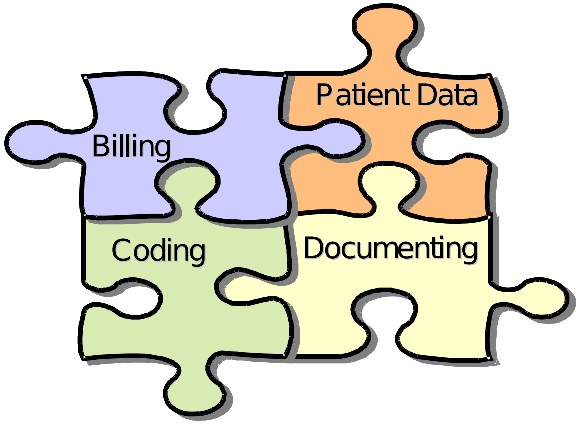
Civilian Sector Pricing


Billing
Patient Data
Coding
Documenting

- For CMS, a base unit is approximately $17.50
- In civilian sector, base unit is approximately $40.00

CORE COMPETENCIES

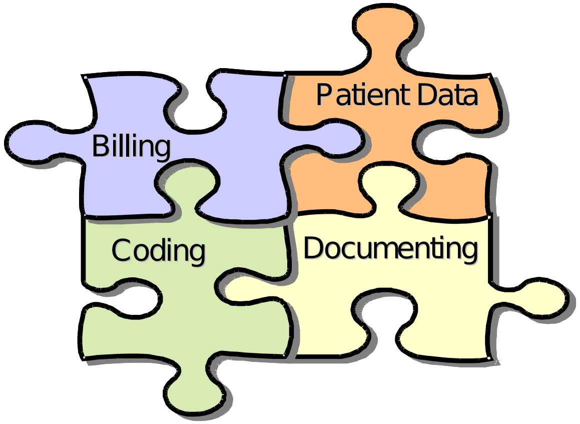
APV Anesthesia Billing


Patient Data
Billing
Coding
Documenting

- Current UBU APV guidance requires, all on one Ambulatory Data Module (ADM) record:
  - E&M – 99499
  - CPTs for Professional Components
  - “99199” for APV institutional
  - Anesthesia code for anesthesia

CORE COMPETENCIES

APV Anesthesia Billing

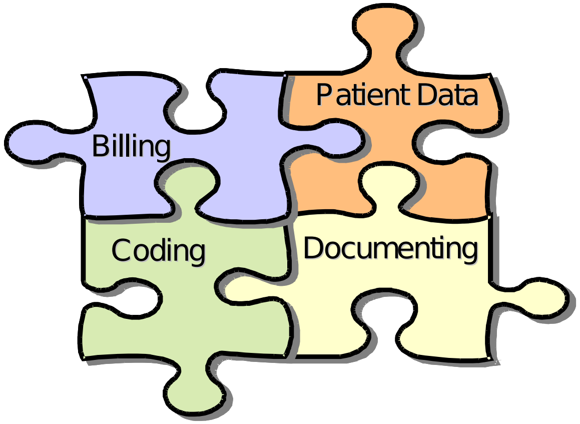

Patient Data
Billing
Coding
Documenting

1. Cancel out the comprehensive bill
2. Manually generate a CMS 1500 bill for the surgeon's professional services
3. Manually generate a CMS 1500 bill for anesthesia provider's services
4. Manually generate a UB 92 for the "99199" institutional component

CORE COMPETENCIES

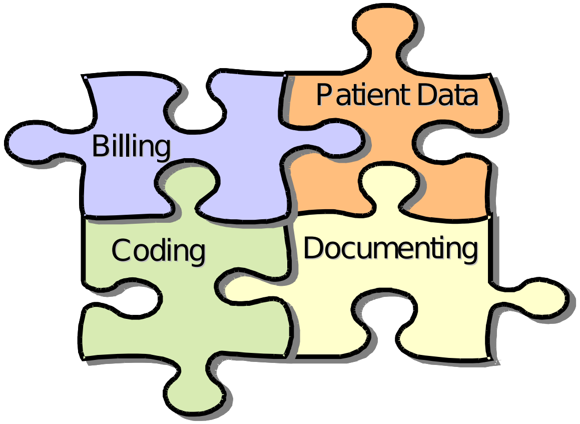
The Surgeon’s Bill

APV Anesthesia Billing


Patient Data
Billing
Coding
Documenting

- CPT and HCPCS codes **other than**
  - 99199, institutional component
  - 0xxxx, 99100, 99116, 99135, 99140
    - Any other codes matched to the anesthesia provider

C O R E C O M P E T E N C I E S


Patient Data
Billing
Coding
Documenting

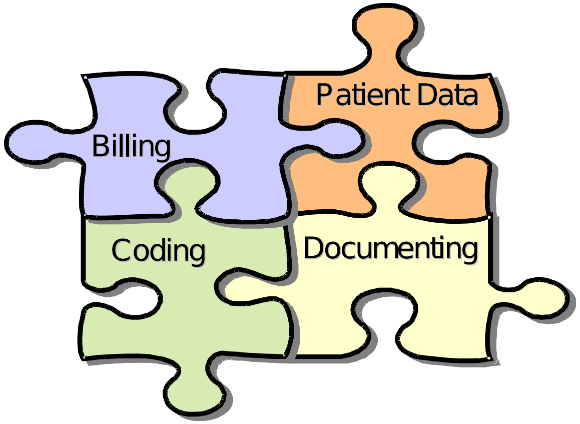
The Surgeon’s Bill

APV Anesthesia Billing

- Surgeon’s bill is fee for service, each code is worth money
- List most expensive procedure first

The Surgeon’s Bill

APV Anesthesia Billing

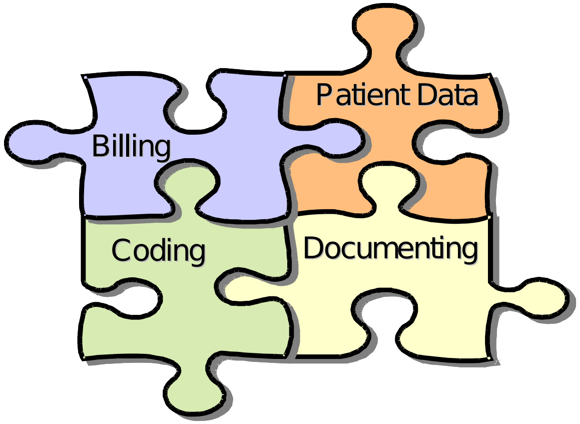


- Be careful with modifiers, they are very important
  - 47 – surgeon did his own anesthesia
    - There would be no 0xxxx code
  - 54 – surgery only, not pre-post operative care, will decrease bill slightly
  - 57 – decision for surgery within 3 days of the surgery, will have E&M also on the bill

CORE COMPETENCIES

The Surgeon’s Bill

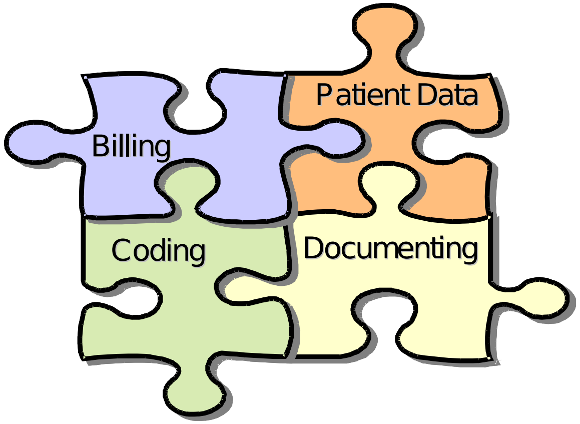
APV Anesthesia Billing



- 99141/99142 – Conscious sedation
  - Conscious sedation is NOT anesthesia
  - Conscious sedation billed as part of surgeon’s bill
  - There would not be a separate anesthesia bill
  - Patient still feels things, but not painful
  - Patient able to respond to direction
  - Does not require medically supervised recovery

CORE COMPETENCIES

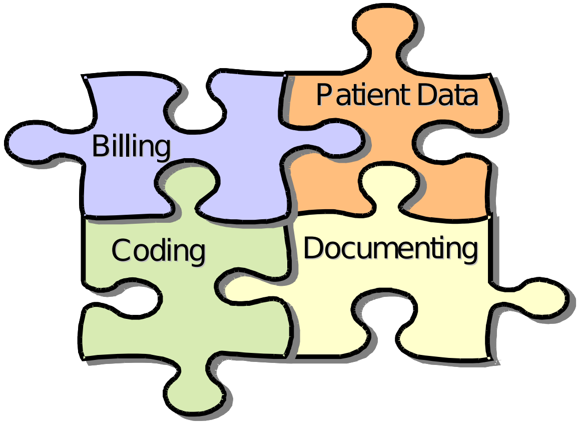
What is “Anesthesia”


Billing
Patient Data
Coding
Documenting

- General - Loss of ability to respond to verbal or other stimuli for more than a few seconds
- Block – Loss of sensation in an area
- Both require medically supervised recovery

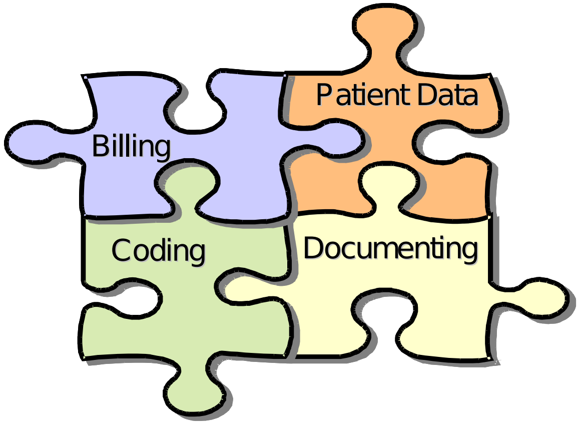
CORE COMPETENCIES

Anesthesia Provider's Bill – Flat Rate


Billing
Patient Data
Coding
Documenting

CPT Code	Modifier	Rate	Short Descriptor
00100		$731.00	ANESTH, SALIVARY GLAND
00102		$731.00	ANESTH, REPAIR OF CLEFT LIP
00103		$731.00	ANESTH, BLEPHAROPLASTY
00104		$731.00	ANESTH, ELECTROSHOCK

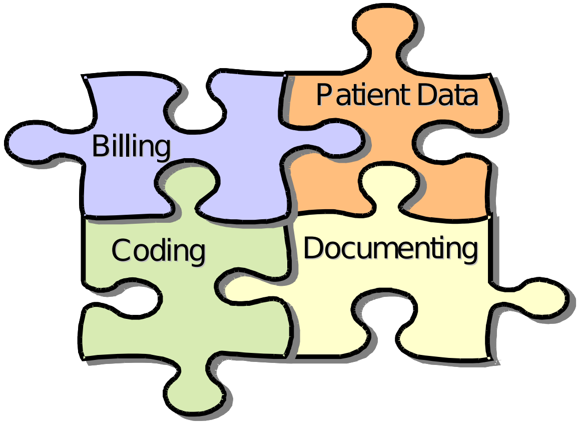
Anesthesia Provider’s Bill – Flat Rate


Patient Data
Billing
Coding
Documenting

- Flat rate includes all procedures associated with provision of anesthesia
  - Only 1 bill for $731
  - **Do NOT put the 01953 (burn add-on code) or the 01968/01969 (C-section add-on codes) on the bill as they would generate a second $731 bill!!!**

CORE COMPETENCIES

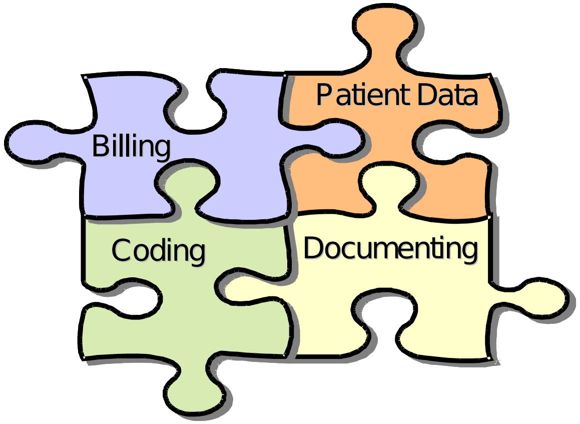
Anesthesia Provider's APV Bill – Flat Rate


Patient Data
Billing
Coding
Documenting

- Other anesthesia procedures should not be entered on the bill
- 99100; 99116; 99135; 99140
- Block for post operative pain
  - 20550/20552/20553

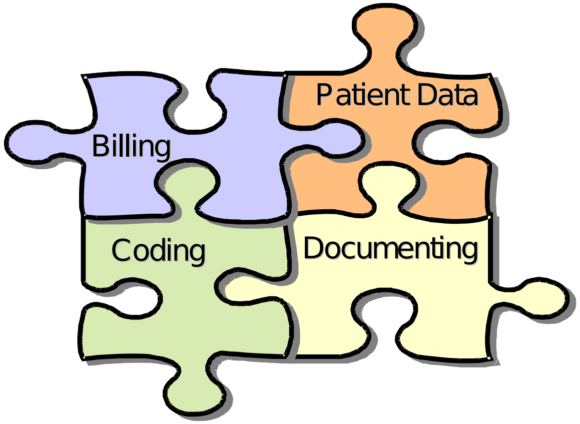
CORE COMPETENCIES

Institutional Component Bill


Patient Data
Billing
Coding
Documenting

- Separate manual bill, on UB 92
- 99199 – change nomenclature to “Institutional component of an ambulatory procedure visit (same day surgery)”
- Flat rate of $819.18
- Should not have any modifiers

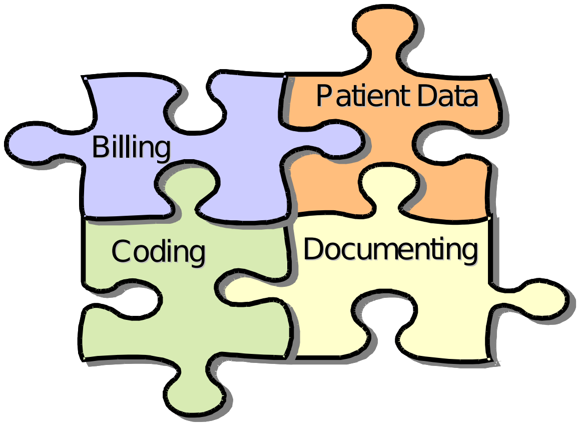
Cosmetic Surgery, until the new rate table (hopefully in July or August 2005)…



- Flat rate of CPT professional component x 2 for outpatient procedures
  - Includes institutional component of APV and office visit
  - Includes anesthesia component
- Billed in MSA module directly to patient using an Invoice & Receipt (I&R)

CORE COMPETENCIES

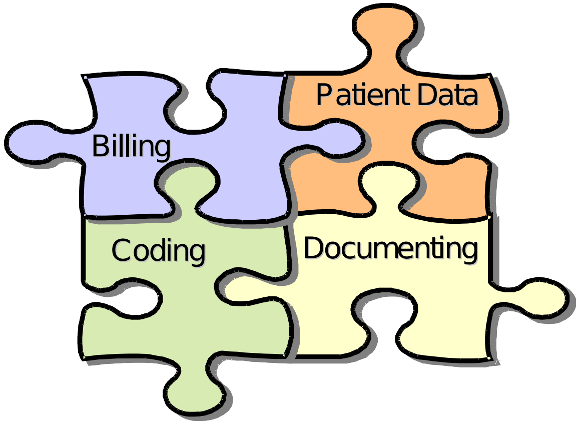
Cosmetic Surgery, with the new rate table (hopefully in July or August 2005)…



- The Surgeon’s pre-cosmetic surgery form will collect if there will be anesthesia
  - Enter the surgeon’s responses in the “Cosmetic Surgery Calculator Tool”
  - The tool is programmed to enter the usual amount of time for each cosmetic procedure
  - The total bill will include the surgeon’s services, the institutional fees, implant fees and anesthesia fees (so long as the data collection form is accurately completed)

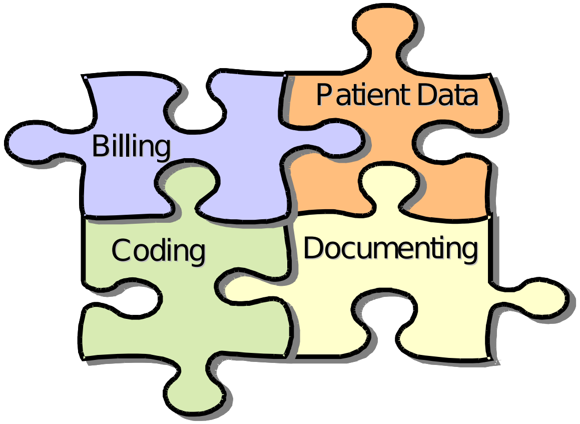
CORE COMPETENCIES

Why Anesthesia for Inpatient Surgeries is not billed separately



- Inpatient services are flat rate billed
- Based on Average Standardized Amount (ASA) for the MTF x the Relative Weighted Product (RWP) of the Diagnosis Related Group (DRG)
- 4% of the total fee is the professional component (surgeon and anesthesia provider’s time)

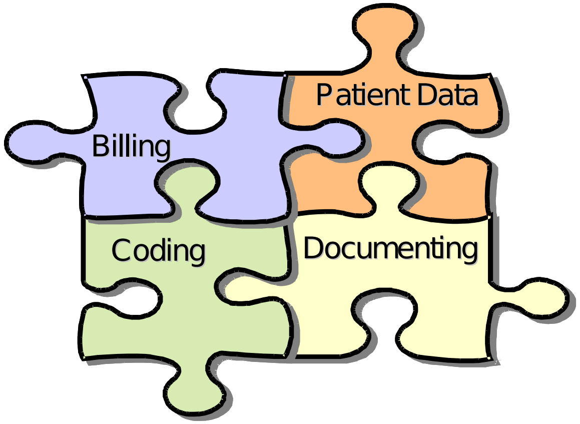
CORE COMPETENCIES


Patient Data
Billing
Coding
Documenting

Summary

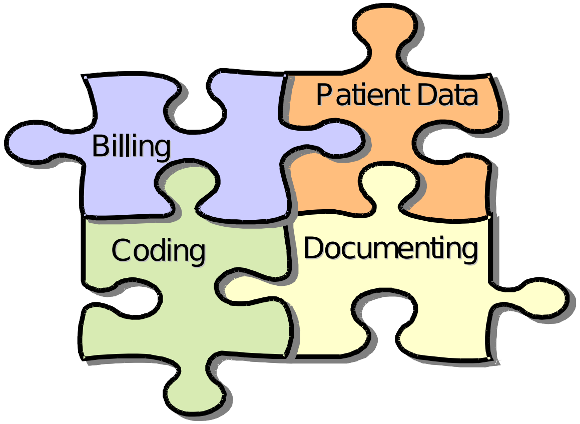
- Civilian sector anesthesia billing
- How to split up an APV encounter into 3 bills
  - Surgeon on CMS 1500
  - Anesthesia provider on CMS 1500
  - Institutional on UB 92
- Cosmetic surgery anesthesia

CORE COMPETENCIES


Billing
Patient Data
Coding
Documenting

Questions?

CORE COMPETENCIES

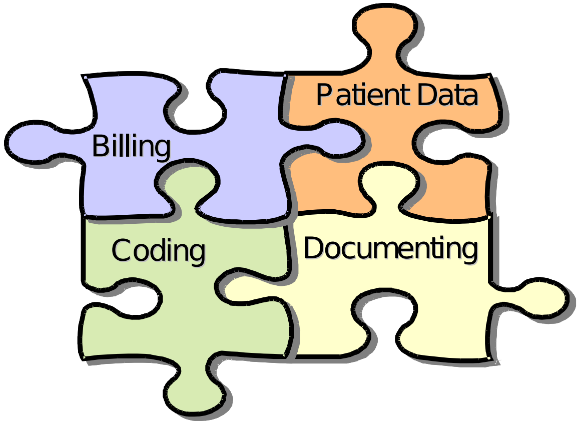

Patient Data
Billing
Coding
Documenting

Gaming the Health Care System

Rose. M. Sabo, MPA, AHFI
Director, TRICARE Program Integrity
Defense Health Program Management Control & Financial Studies
May 17, 2005, Track 3, UBO Basic

CORE COMPETENCIES

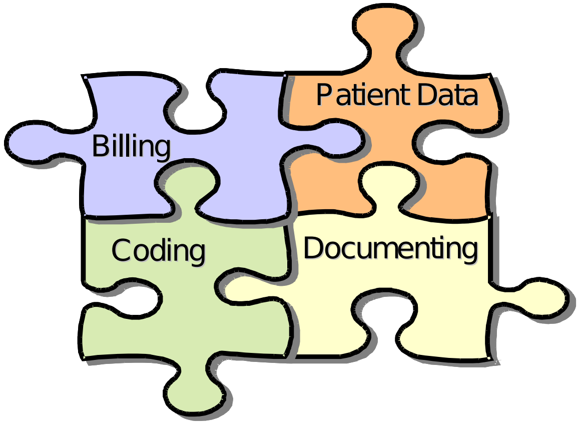
OBJECTIVES


Billing
Patient Data
Coding
Documenting

- **Know what fraud is costing nation**
- **Know importance of proper coding**
- **Become familiar with coding/billing fraud**
- **Know how to report fraud allegations**

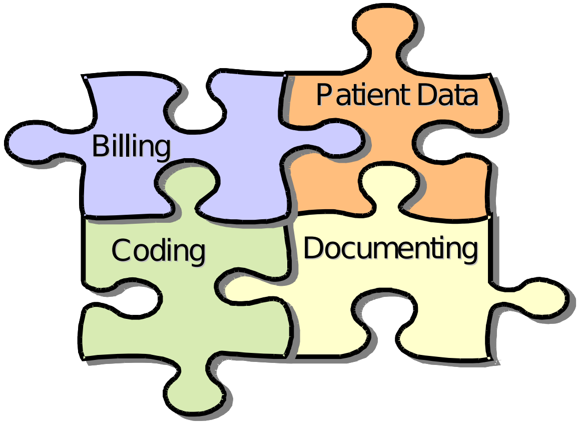
CORE COMPETENCIES

Cost of Fraud


Patient Data
Billing
Coding
Documenting

- $30 to $50 **Billion** per year
- Higher Taxes
- Higher Premiums
- Human Cost

What is Fraud


Patient Data
Billing
Coding
Documenting

Pattern of misrepresentation on the claim form that results in payment that would otherwise not be made.

Who?

Where?

- Diagnosis
- Who provided the services
- Date
- Place
- What was provided

Why?

What?

When?

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C
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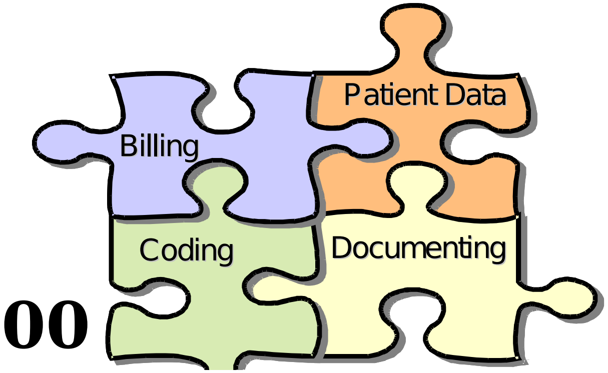
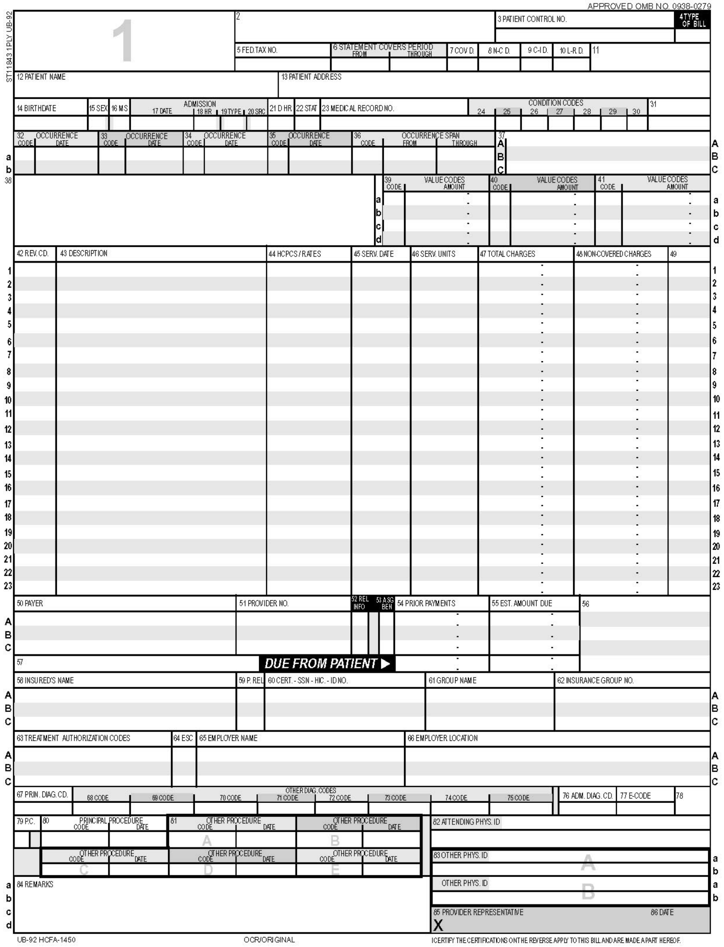
Claim Forms – Exhibits at Trial



UB-92



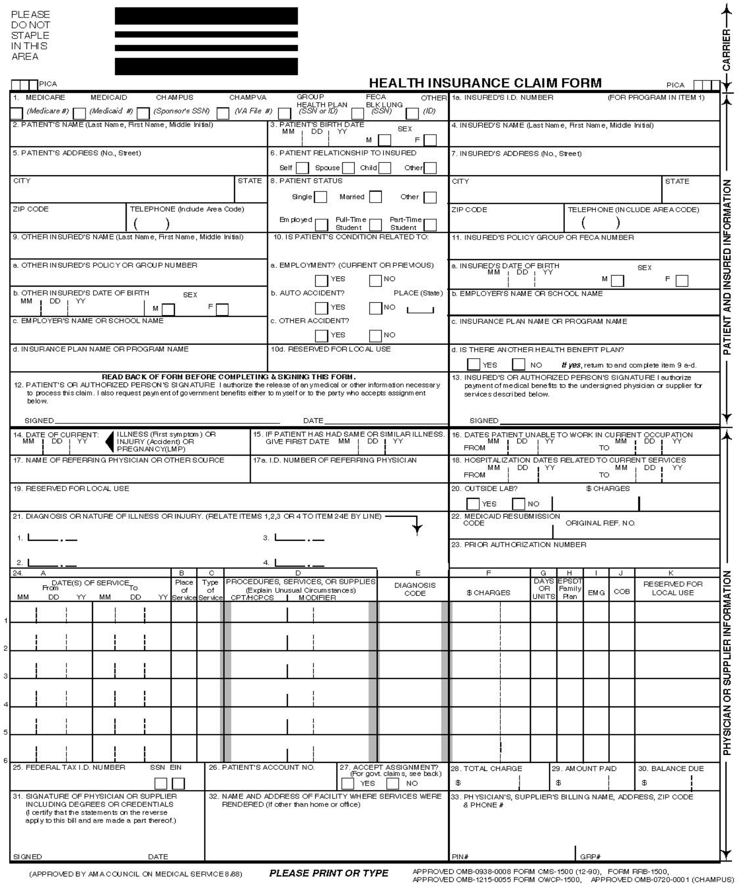
APPROVED OMB NO. 0938-0279

ST11843 1PLY UB-92

1
2
3 PATIENT CONTROL NO.
4 TYPE OF BILL
5 FED. TAX NO.
6 STATEMENT COVERS PERIOD FROM THROUGH
7 COV D.
8 N-C D.
9 C-I D.
10 L-R D.
11
12 PATIENT NAME
13 PATIENT ADDRESS
14 BIRTHDATE
15 SEX
16 MS
ADMISSION 17 DATE 18 HR 19 TYPE 20 SRC
21 D HR
22 STAT
23 MEDICAL RECORD NO.
CONDITION CODES 24 25 26 27 28 29 30
31
32 OCCURRENCE CODE DATE
33 OCCURRENCE CODE DATE
34 OCCURRENCE CODE DATE
35 OCCURRENCE CODE DATE
36 OCCURRENCE SPAN CODE FROM THROUGH
37 A B C
a b
38
39 VALUE CODES CODE AMOUNT
40 VALUE CODES CODE AMOUNT
41 VALUE CODES CODE AMOUNT
a b c d
42 REV. CD.
43 DESCRIPTION
44 HCPCS / RATES
45 SERV. DATE
46 SERV. UNITS
47 TOTAL CHARGES
48 NON-COVERED CHARGES
49
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23
50 PAYER
51 PROVIDER NO.
52 REL INFO
53 ASG BEN
54 PRIOR PAYMENTS
55 EST. AMOUNT DUE
56
A B C
57
DUE FROM PATIENT ▶
58 INSURED'S NAME
59 P. REL
60 CERT. - SSN - HIC. - ID NO.
61 GROUP NAME
62 INSURANCE GROUP NO.
A B C
63 TREATMENT AUTHORIZATION CODES
64 ESC
65 EMPLOYER NAME
66 EMPLOYER LOCATION
A B C
67 PRIN. DIAG. CD.
OTHER DIAG. CODES 68 CODE 69 CODE 70 CODE 71 CODE 72 CODE 73 CODE 74 CODE 75 CODE
76 ADM. DIAG. CD.
77 E-CODE
78
79 P.C.
80 PRINCIPAL PROCEDURE CODE DATE
81 OTHER PROCEDURE CODE DATE A
OTHER PROCEDURE CODE DATE B
OTHER PROCEDURE CODE DATE C
OTHER PROCEDURE CODE DATE D
OTHER PROCEDURE CODE DATE E
82 ATTENDING PHYS. ID
83 OTHER PHYS. ID A a b
OTHER PHYS. ID B a b
84 REMARKS a b c d
85 PROVIDER REPRESENTATIVE X
86 DATE

UB-92 HCFA-1450
OCR/ORIGINAL
I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

HCFA-1500



PLEASE DO NOT STAPLE IN THIS AREA

CARRIER

☐☐☐ PICA
HEALTH INSURANCE CLAIM FORM
PICA ☐☐☐

1. MEDICARE ☐ (Medicare #) MEDICAID ☐ (Medicaid #) CHAMPUS ☐ (Sponsor's SSN) CHAMPVA ☐ (VA File #) GROUP HEALTH PLAN ☐ (SSN or ID) FECA BLK LUNG ☐ (SSN) OTHER ☐ (ID)
1a. INSURED'S I.D. NUMBER (FOR PROGRAM IN ITEM 1)
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)
3. PATIENT'S BIRTH DATE MM DD YY SEX M ☐ F ☐
4. INSURED'S NAME (Last Name, First Name, Middle Initial)
5. PATIENT'S ADDRESS (No., Street)
6. PATIENT RELATIONSHIP TO INSURED Self ☐ Spouse ☐ Child ☐ Other ☐
7. INSURED'S ADDRESS (No., Street)
CITY STATE
8. PATIENT STATUS Single ☐ Married ☐ Other ☐
CITY STATE
ZIP CODE TELEPHONE (Include Area Code) ( )
Employed ☐ Full-Time Student ☐ Part-Time Student ☐
ZIP CODE TELEPHONE (INCLUDE AREA CODE) ( )
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)
10. IS PATIENT'S CONDITION RELATED TO:
11. INSURED'S POLICY GROUP OR FECA NUMBER
a. OTHER INSURED'S POLICY OR GROUP NUMBER
a. EMPLOYMENT? (CURRENT OR PREVIOUS) ☐ YES ☐ NO
a. INSURED'S DATE OF BIRTH MM DD YY SEX M ☐ F ☐
b. OTHER INSURED'S DATE OF BIRTH MM DD YY SEX M ☐ F ☐
b. AUTO ACCIDENT? ☐ YES ☐ NO PLACE (State)
b. EMPLOYER'S NAME OR SCHOOL NAME
c. EMPLOYER'S NAME OR SCHOOL NAME
c. OTHER ACCIDENT? ☐ YES ☐ NO
c. INSURANCE PLAN NAME OR PROGRAM NAME
d. INSURANCE PLAN NAME OR PROGRAM NAME
10d. RESERVED FOR LOCAL USE
d. IS THERE ANOTHER HEALTH BENEFIT PLAN? ☐ YES ☐ NO *If yes*, return to and complete item 9 a-d.

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.
SIGNED ____ DATE ____

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.
SIGNED ____

PATIENT AND INSURED INFORMATION

14. DATE OF CURRENT: MM DD YY ◀ ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY(LMP)
15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE MM DD YY
16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY
17. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE
17a. I.D. NUMBER OF REFERRING PHYSICIAN
18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY
19. RESERVED FOR LOCAL USE
20. OUTSIDE LAB? ☐ YES ☐ NO $ CHARGES
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (RELATE ITEMS 1,2,3 OR 4 TO ITEM 24E BY LINE)
1. ___ . __
2. ___ . __
3. ___ . __
4. ___ . __
22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.
23. PRIOR AUTHORIZATION NUMBER

24. A	B	C	D	E	F	G	H	I	J	K
DATE(S) OF SERVICE From MM DD YY To MM DD YY	Place of Service	Type of Service	PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER	DIAGNOSIS CODE	$ CHARGES	DAYS OR UNITS	EPSDT Family Plan	EMG	COB	RESERVED FOR LOCAL USE
1										
2										
3										
4										
5										
6										

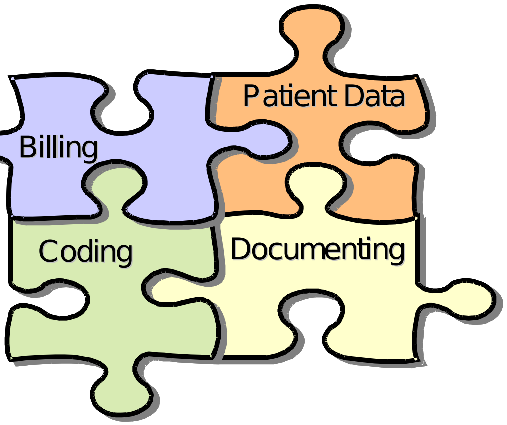
25. FEDERAL TAX I.D. NUMBER SSN EIN ☐ ☐
26. PATIENT'S ACCOUNT NO.
27. ACCEPT ASSIGNMENT? (For govt. claims, see back) ☐ YES ☐ NO
28. TOTAL CHARGE $
29. AMOUNT PAID $
30. BALANCE DUE $
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)
SIGNED DATE
32. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED (If other than home or office)
33. PHYSICIAN'S, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE & PHONE #
PIN# GRP#

PHYSICIAN OR SUPPLIER INFORMATION

(APPROVED BY AMA COUNCIL ON MEDICAL SERVICE 8/88)
PLEASE PRINT OR TYPE
APPROVED OMB-0938-0008 FORM CMS-1500 (12-90), FORM RRB-1500,
APPROVED OMB-1215-0055 FORM OWCP-1500, APPROVED OMB-0720-0001 (CHAMPUS)

Unified Biostatistical Utility/Uniform

Universal Claim Forms

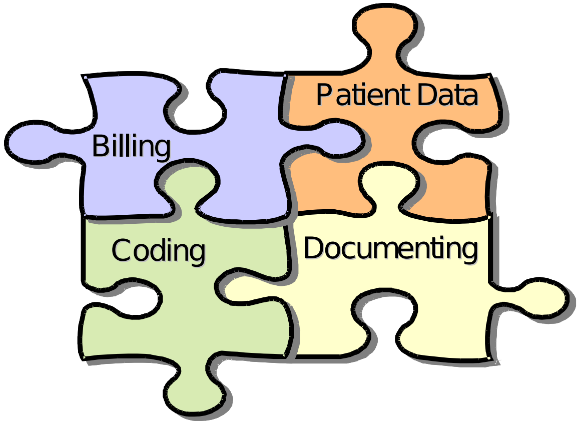


- **HCFA 1500 – Professional Claim Form – Headed up by AMA/CMS**
  - ***Any person who knowingly files a claim containing any misrepresentation or any false, incomplete or misleading information may be guilty of a criminal act punishable under law and may be subject to civil penalties.”***
  - **UB 92 – Institutional Claim Form – Headed up by AHA**

Unif orm

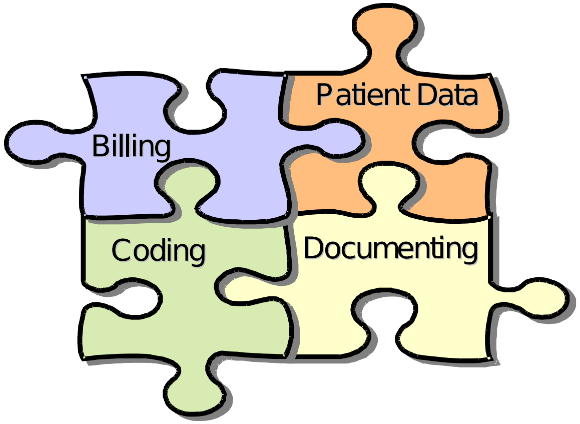
CORE COMPETENCIES

CPT (CURRENT PHYSICIAN’S TERMINOLOGY)


Patient Data
Billing
Coding
Documenting

- **What is the CPT?**
  - **Universal 5-digit codes –which tell the insurance what services the provider rendered**

CORE COMPETENCIES


Patient Data
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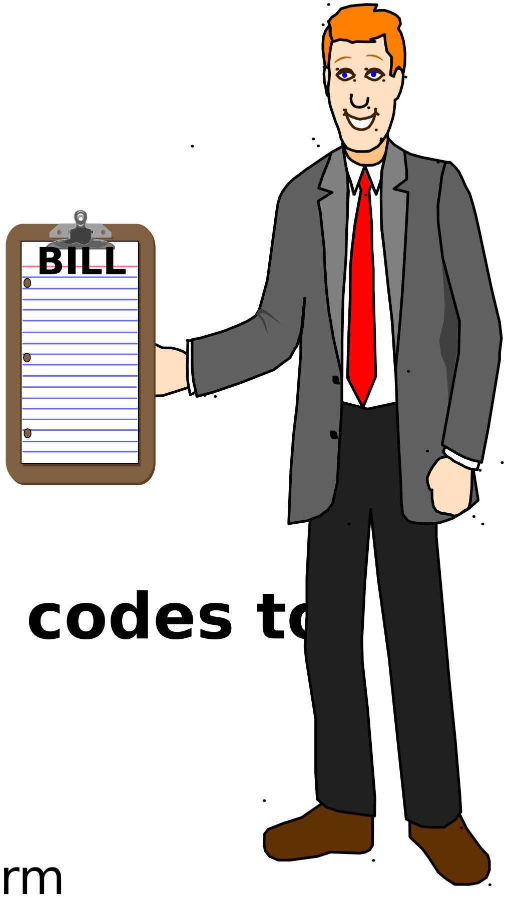
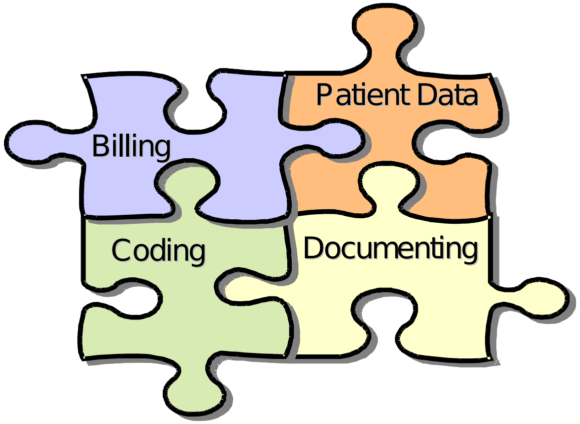
Coding
Documenting

– CPT

- Written by the AMA
- Been around since 1966
- Physician users recommend codes to be added



CORE COMPETENCIES


Billing
Patient Data
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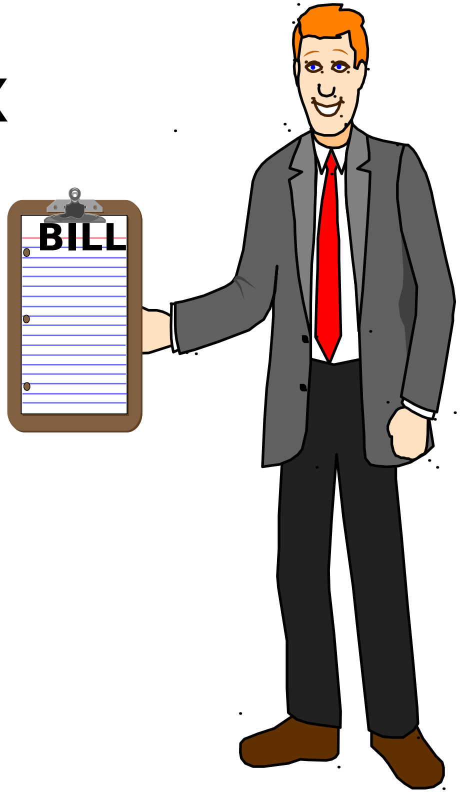
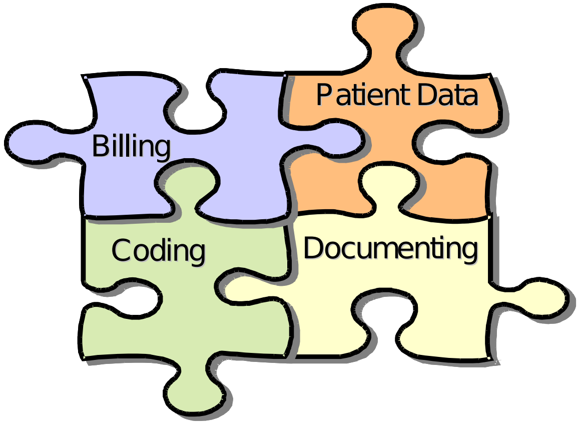
Documenting

- **What is the CPT?**
  - **In each category there are XXX 99 codes to represent services not otherwise listed**
  - **Updated annually**
  - **Instructions built in the definition as to what the codes include**

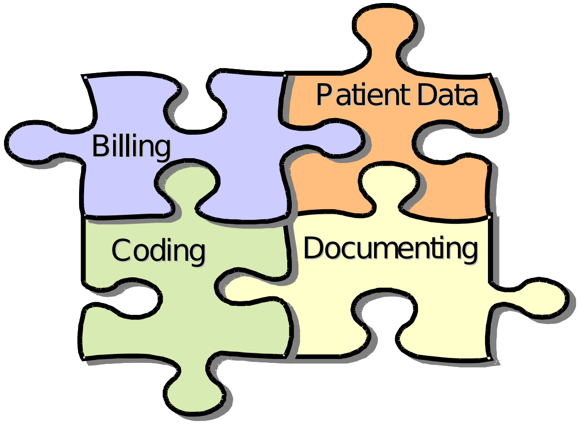


CORE COMPETENCIES


Patient Data
Billing
Coding
Documenting

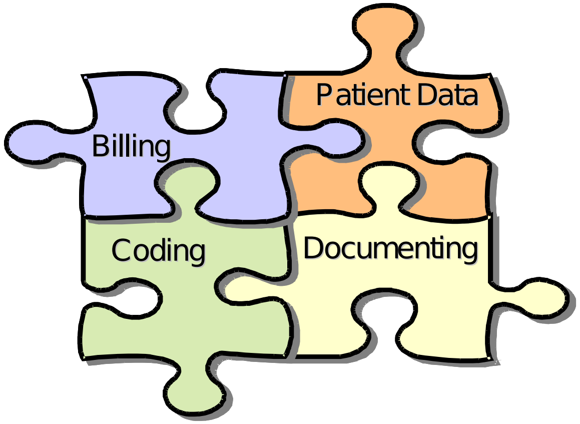
- **CPT broken into sections:**
  - **99 – Office/Hospital visits**
  - **00 – Anesthesia**
  - **11XXX-60XXX – Surgery**
  - **70XXX – Radiology**
  - **80XXX – Pathology (labs)**
  - **90XXX – Medicine, immunizations, testin**

CORE COMPETENCIES


Patient Data
Billing
Coding
Documenting

- **ICD-9 – Universal diagnostic codes**
- **Committee of professional associations—alpha & tabular list**
- **First published: 1968**
- **Committee: AHA, AMRA, AAP, ACP. ACOG , etc.**
- **3 digit codes w/2 sub digits**
  - **Example: 782.3 - Edema**

CORE COMPETENCIES

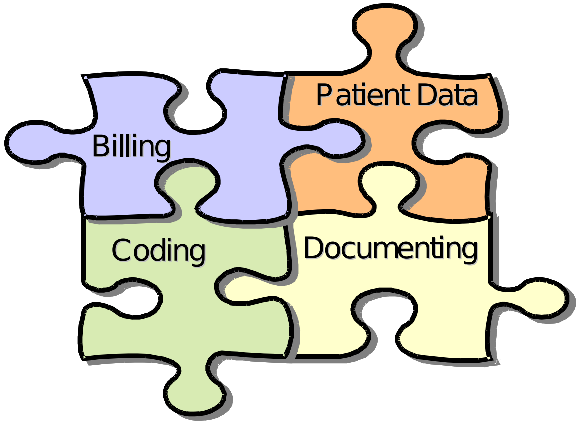

Patient Data
Billing
Coding
Documenting

- **ICD-9 – Diagnostic code manual**
  - **Universal method of communication to insurance companies as to what the patient sought treatment for**
  - **What code is to be selected?**

  Instructions PRINTED in the preface of ICD-9 on how to select proper code for billing purpose

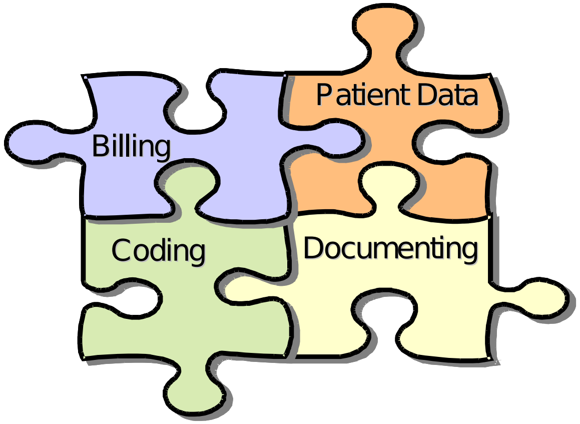
CORE COMPETENCIES

US vs Herlihy


Patient Data
Billing
Coding
Documenting

- **ICD-9 – Diagnosis code manual**
  - **Diagnostic code fraud: to use a code other than the reason for the patient’s visit to circumvent denial or special reviews**

CORE COMPETENCIES



US vs Green

CRIMINAL CASE

MISDIAGNOSIS TO CIRCUMVENT DENIAL EDITS

Reason for Visit: Obesity code 278.0 – edits set to deny

Claims submitted with: 780.7 – malaise & fatigue

(covered diagnosis)

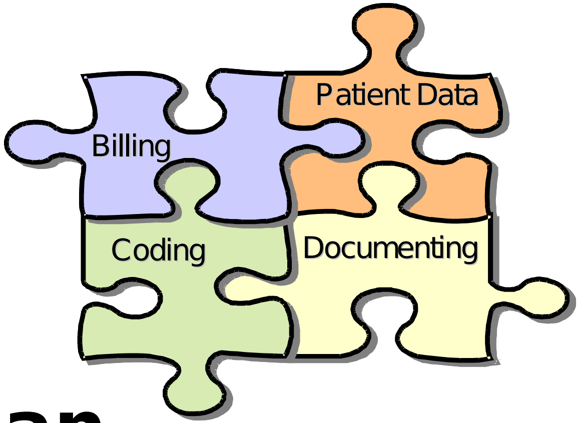
USE OF NONLICENSED PROVIDERS

UPCODING

- **Dr. Green pled to multiple counts of misdiagnosis**
- **Given 27 months jail time**
- **Paying back $1.4 million dollars**

CORE COMPETENCIES

Proper Coding Saves Lives


Patient Data
Billing
Coding
Documenting

State of California vs Liebman

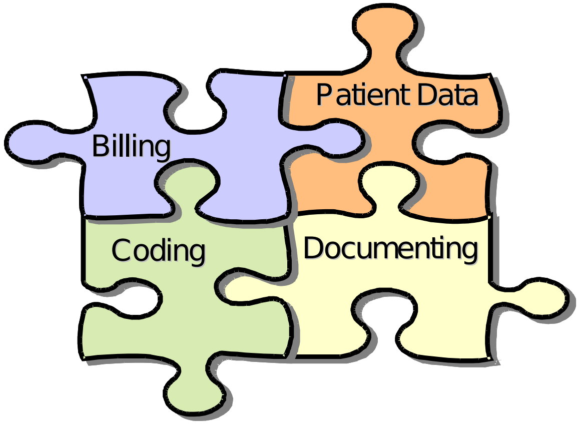
- Notified Parents within 24 hours

- Pled June 2000 to corporation watering down well

baby immunizations, including hepatitis a polio

CORE COMPETENCIES

Psychiatry - Wave Therapy

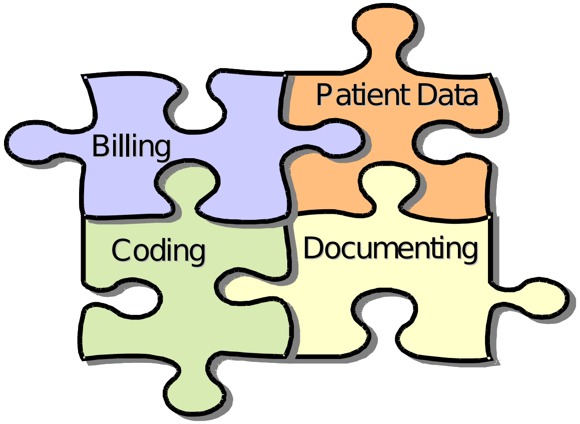

Billing
Patient Data
Coding
Documenting

- One-hour psychotherapy - billing for more than 10 services in a day

US vs Sternberg (KS-11/97) - Where’s Waldo?

CORE COMPETENCIES

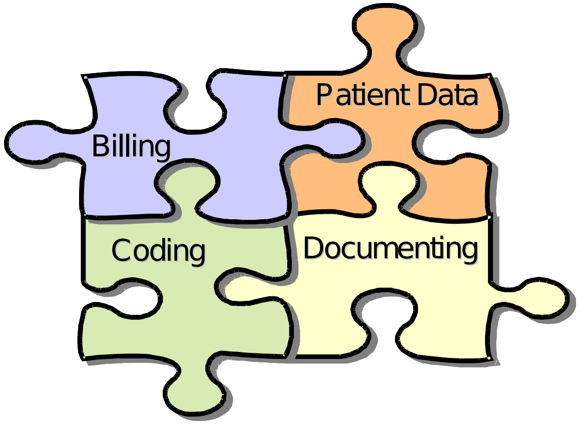
PSYCHIATRIC FRAUD


Patient Data
Billing
Coding
Documenting

- **Psychiatric**
  - **Misrepresentation of therapy provided to get higher reimbursement**
    - **Do group but code as if individual therapy**
    - **Do individual but code as if conjoint**

CORE COMPETENCIES

PSYCHIATRIC FRAUD


Billing
Patient Data
Coding
Documenting

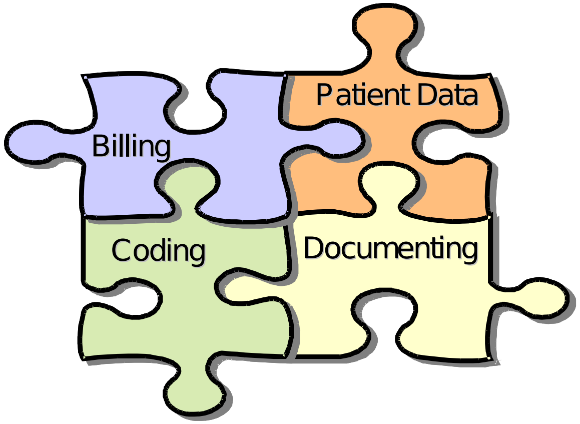
- MISREPRESENTATION OF WHO PROVIDED THE SERVICE
  - Us VS Jaramillo
  - US vs Shankman

- APA CODE OF ETHICS

PROSECUTED CASES:

Griffin/Jain/Krizek/Jaramillo/NME/Wendler/Gifford

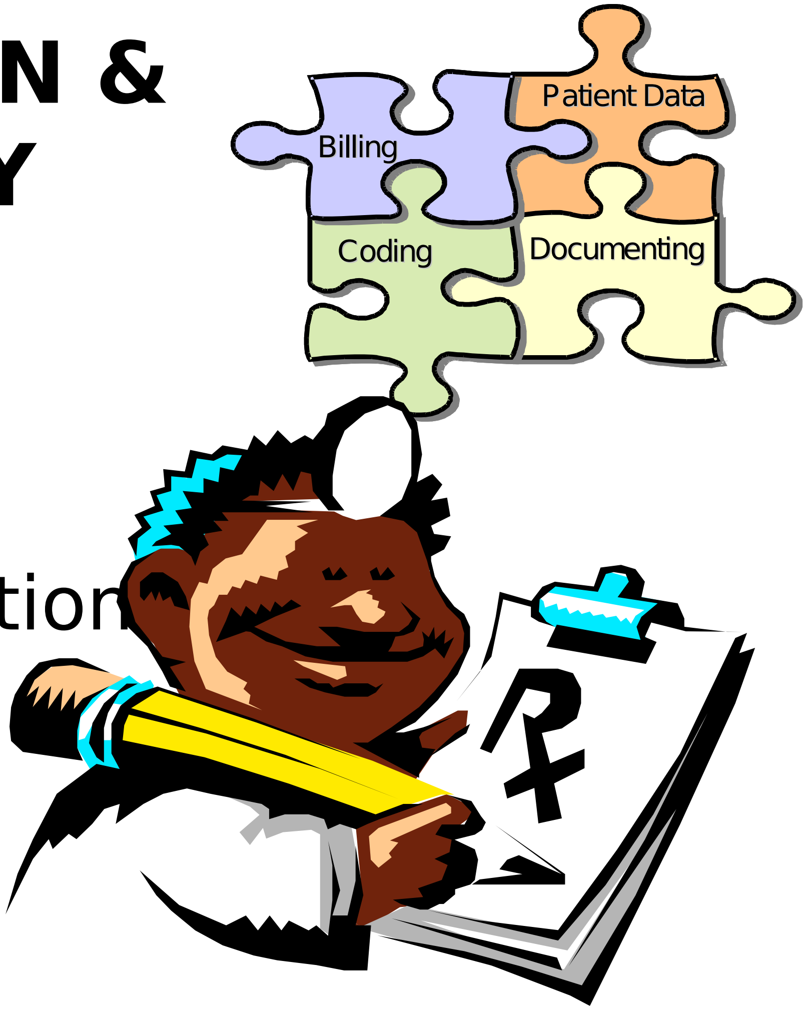
OTHER TYPES OF CASES IN PSYCHIATRY


Patient Data
Billing
Coding
Documenting

- **Psychiatric**
  - **Automatically billing charges for patients**
  - **Billing for services not rendered**
  - **Misrepresenting actual patient**
  - **Misrepresenting diagnoses**
  - **Misrepresenting patient’s condition**

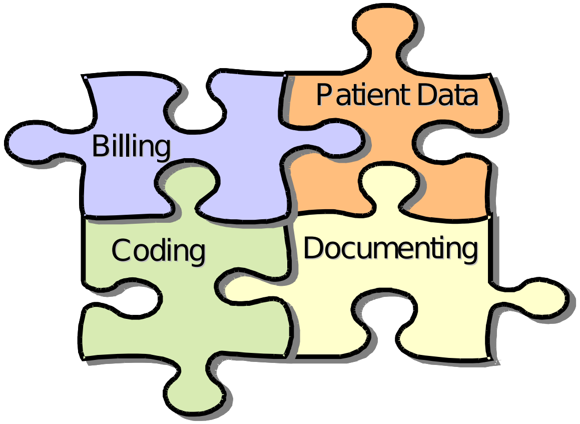
CORE COMPETENCIES

PRESCRIPTION & PHARMACY FRAUD


Patient Data
Billing
Coding
Documenting
Rx

- Generic/brand substitution
- Prescription splitting
- Refills not picked-up
- Marketing by manufacturer for off-label use not FDA approved

CORE COMPETENCIES



UPCODING

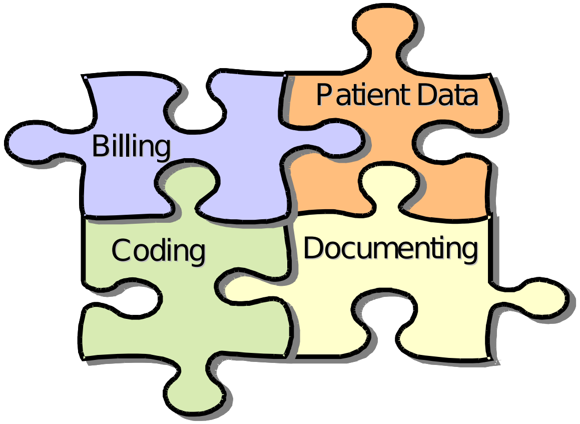
Selection of a higher level code because it pays more

EVALUATION AND MANAGEMENT CODES (OFFICE VISITS)
(IDEAL CASES FOR CALENDAR AUDITS)

- Well defined face-to-face parameters (since 1992)
- Clinical examples in CPT
- 5 levels - increasing in time spent with patient, complexity of decision making, extent of exam, patient condition, etc.
- Levels 4 & 5: moderate to high risk mortality without treatment or increased probability of prolonged functional impairment.
- Fraud involves misrepresentation of diagnosis

CORE COMPETENCIES

UNBUNDING, FRAGMENTING OR CODE GAMING



Misrepresenting services billed through creative uses of the CPT to increase reimbursement

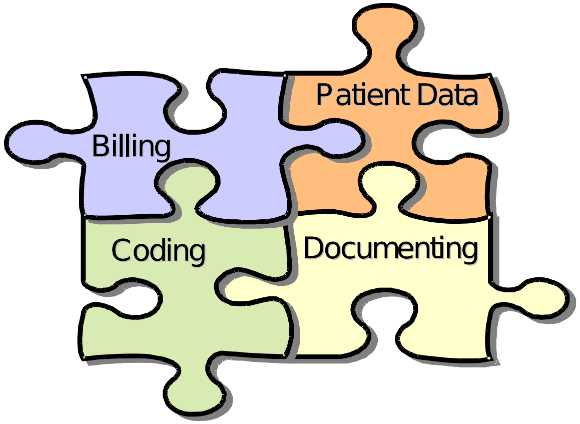
EXAMPLE:

[Proper Billing](#) 58150 - Hysterectomy - $2,200

Unbundled Billing

- Lysis of Adhesions - 58660 $1,200
- Exploratory laparotomy - 49000 $ 900
- Conization of Cervix - 57520 $1,275
- Dilation & curettage - 58120 $1,150

CORE COMPETENCIES



CODE GAMINING – RADIOLOGIST CASE
US vs Pickett (10/96)

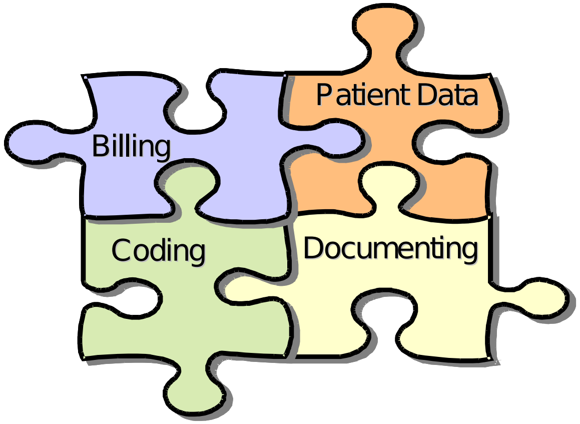
- CPT defines diagnostic imaging as including test and its interpretation

Double Billing

  - billing for consultation 99000 codes
  - billing for interpretation

- Mutually exclusive edits (not ordered by physician)
  - fetal age ultrasound
  - fetal biophysical profilbilling for interpretation

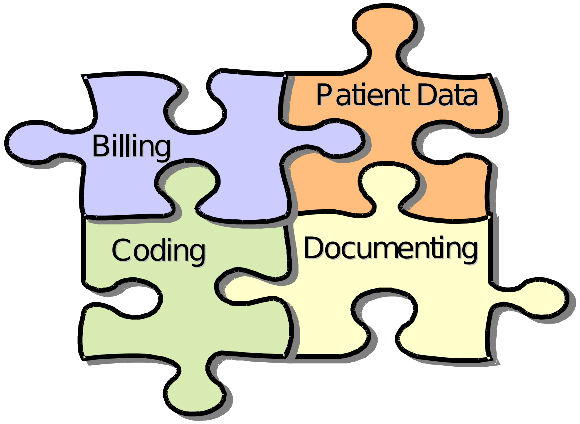
DENTAL FRAUD


Patient Data
Billing
Coding
Documenting

- **Billing for services not provided**
- **Misrepresenting services, i.e., simple extractions vs. surgical extractions**
- **Destruction of healthy tissue to increase reimbursement**

CORE COMPETENCIES

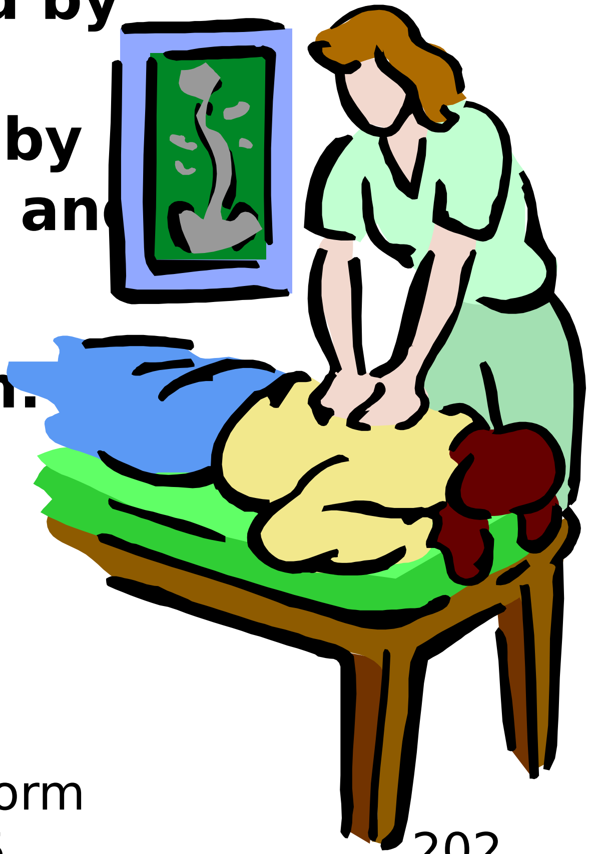
US vs PHYSICAL THERAPY REHAB SERVICES



Billing for services as if performed by licensed, registered physical therapist, but actually performed by aides, physical therapy assistants an active duty members

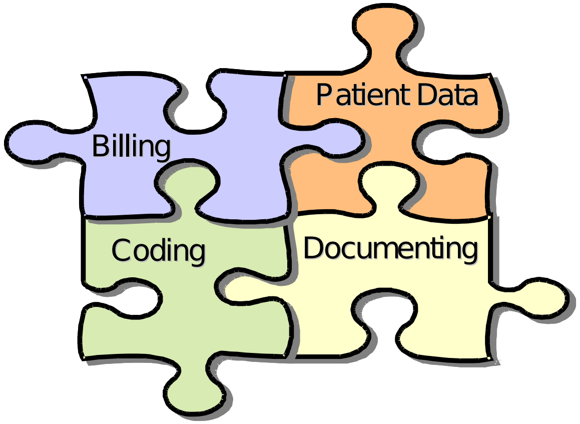
Certification on back of claim form.

- **conflict of interest**
- **dual compensation**
- **accuracy**



CORE COMPETENCIES

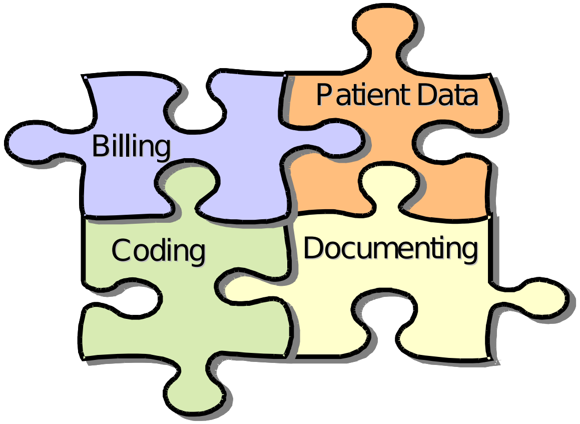
PODIATRISTS


Patient Data
Billing
Coding
Documenting

- **Misrepresenting diagnosis or procedures – routine foot care not covered**
- **Upcoding to include charges for routine foot care**
- **Bilateral versus unilateral procedures**

CORE COMPETENCIES

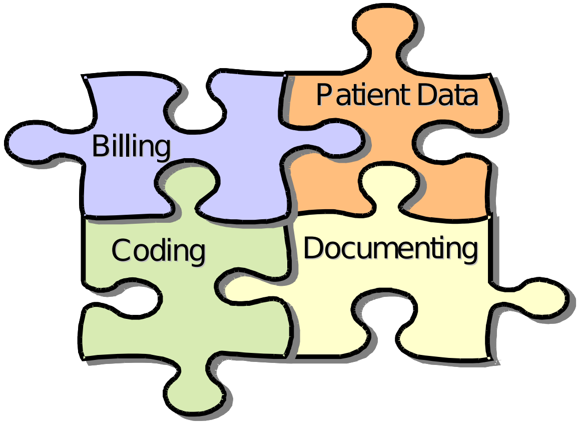
AMBULANCE


Patient Data
Billing
Coding
Documenting

- Billing for services not rendered
- Inflating mileage
- Billing for round-trip
- Kickbacks
- Misrepresenting vehicle

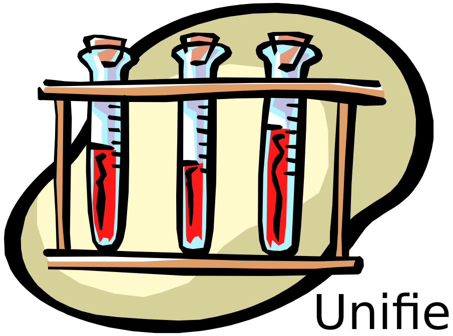
CORE COMPETENCIES

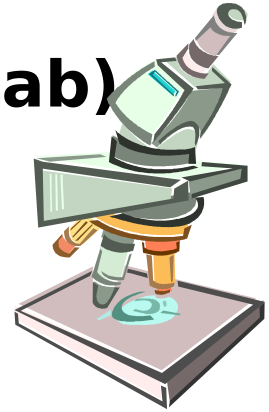
LAB CASES


Patient Data
Billing
Coding
Documenting

- **Unbundling**
- **Changing of diagnosis**
- **Changing of lab groupings to increase lab profits**

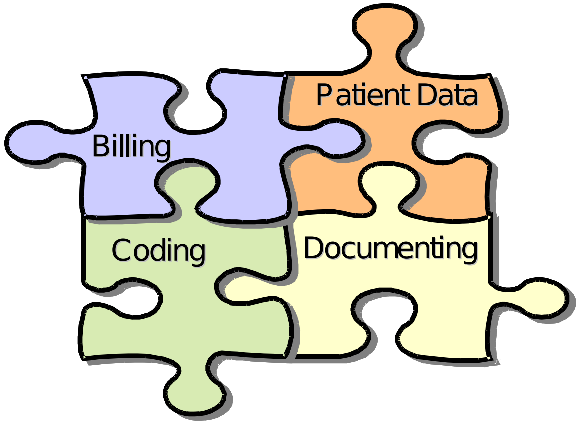
(National Health Lab)





CORE COMPETENCIES

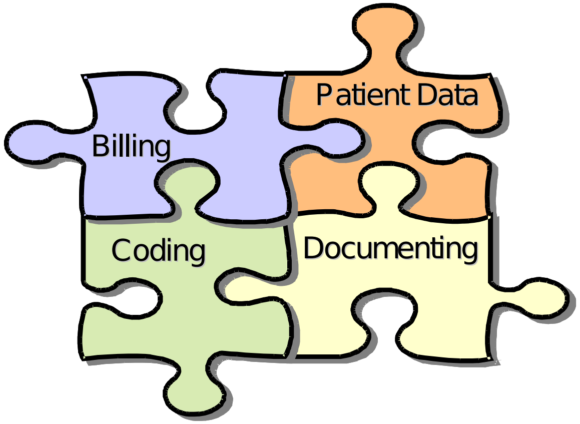
LABSCAM



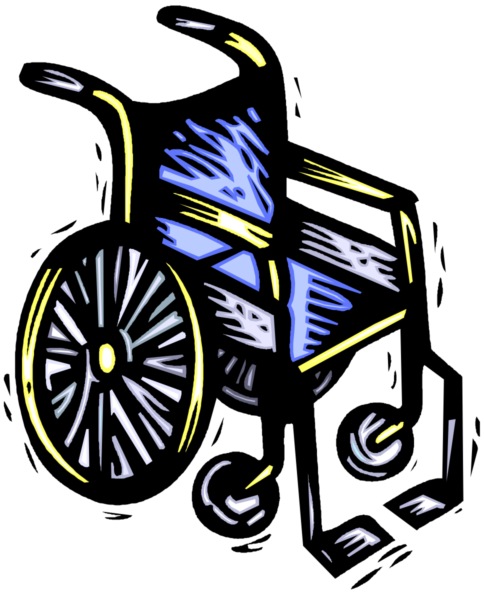
- Solicit patients
- Waiver of cost-share (US vs Smuskevitch LABSCAM)
- 400 provider numbers
- Misrepresentation of diagnosis
- Substituting noncovered diagnosis for a covered one (changes patient’s medical history)
- Physician not ordering services
- Institutional defense
- Russian organized crime involvement

CORE COMPETENCIES

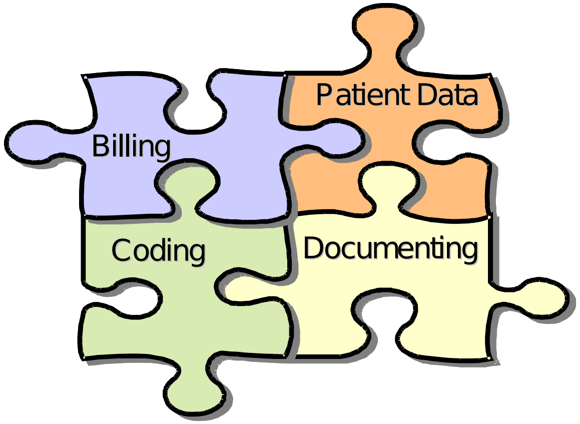
MEDICAL EQUIPMENT



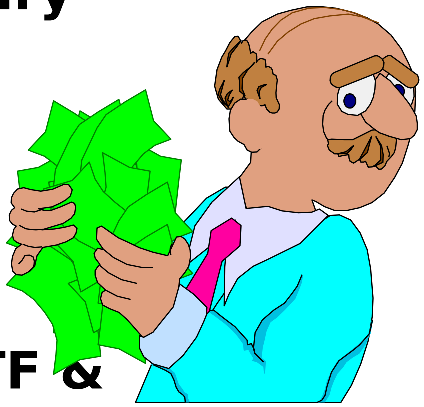
- Used vs New
- Duplicate billings
- Billing after death of patient
- Billing after equipment returned
- Solicitation of patients thru State
- Falsifying physician’s order
- Billing for equipment never delivered
- Misrepresenting equipment
  - Diapers as urinary collection pouches
  - Three-wheeled scooters as wheelchairs



TYPES OF CASES

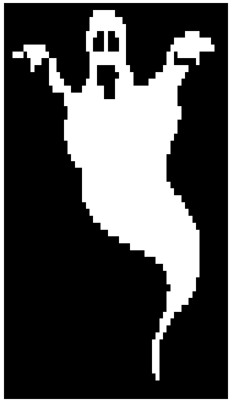

Patient Data
Billing
Coding
Documenting

- **Partnership/Resource Sharing/Personal Services Contracts w/MTF's**
  - **Billing for services performed by military doctors**
  - **Upcoding**
  - **Unbundling**
  - **Duplicate payment – providers bills MTF & TRICARE**

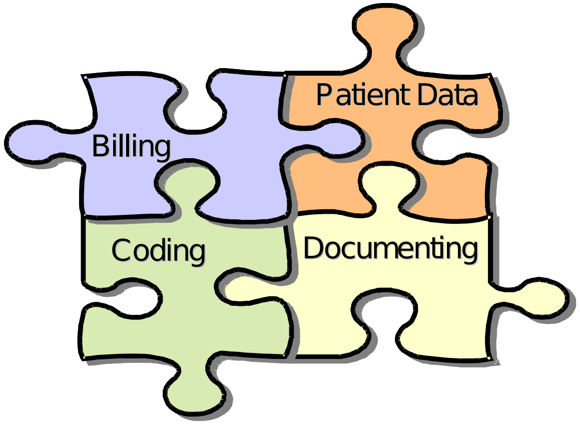


US vs Custodio

CORE COMPETENCIES



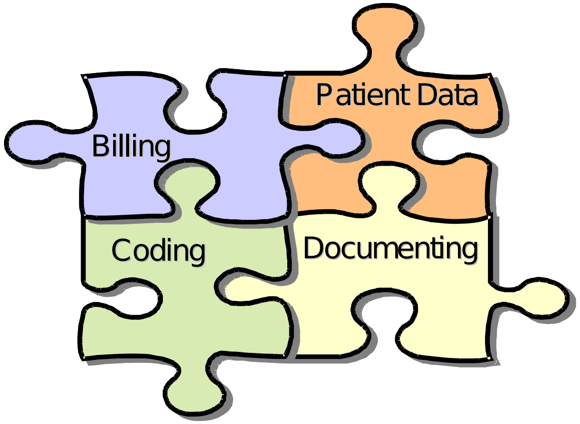
GHOST PROVIDER SCAM


Patient Data
Billing
Coding
Documenting

- **New provider number**
- **Legitimate beneficiary names**
- **Disappear when first claim is denied**
- **High cost diagnostic imaging procedures**
  - **MRI, CAT Scan**
- **Mail box drop**

CORE COMPETENCIES

CPC Southwind Hospital, Oklahoma



False claims act used to attack fraud when patients not given the care they are entitled to

Paid $750,000 to settle false claims allegations that it wrongly billed for treating children in an “unsafe and harmful environment”

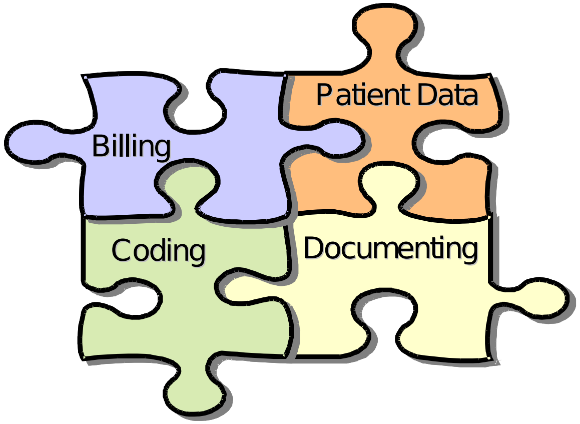
Failure to provide adequate care type of managed care fraud

Premise:

Providers are submitting false claims if they bill for care they know is inadequate. By billing, providers are implicitly representing that the care they provided was adequate

CORE COMPETENCIES

HOW CAN YOU HELP


Patient Data
Billing
Coding
Documenting

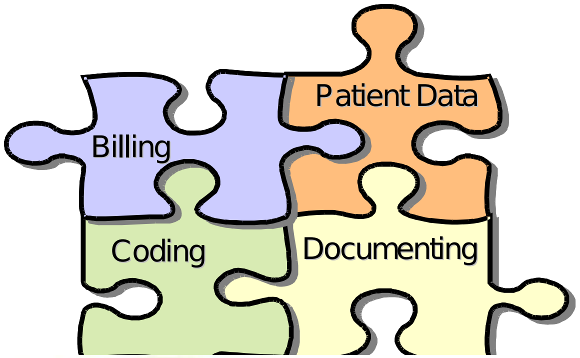
IMPROVE QUALITY OF CARE AND SAVE THE TAX DOLLAR:

BY ACCURATELY CODING & BY IDENTIFYING ABERRANT PROVIDERS

WRITE TO:

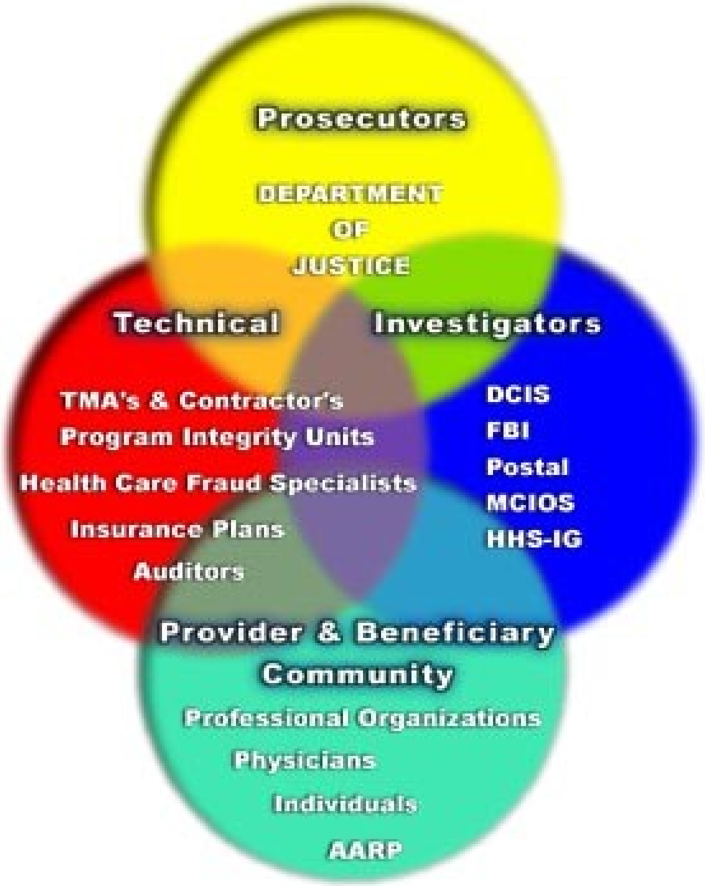
PROGRAM INTEGRITY BRANCH
TRICARE, DoD
16401 East Centretech Parkway
AURORA, CO 80011-9066
or
Email to: Fraudline@tma.osd.mil

TRICARE Fraud and Abuse Web Site


Patient Data
Billing
Coding
Documenting

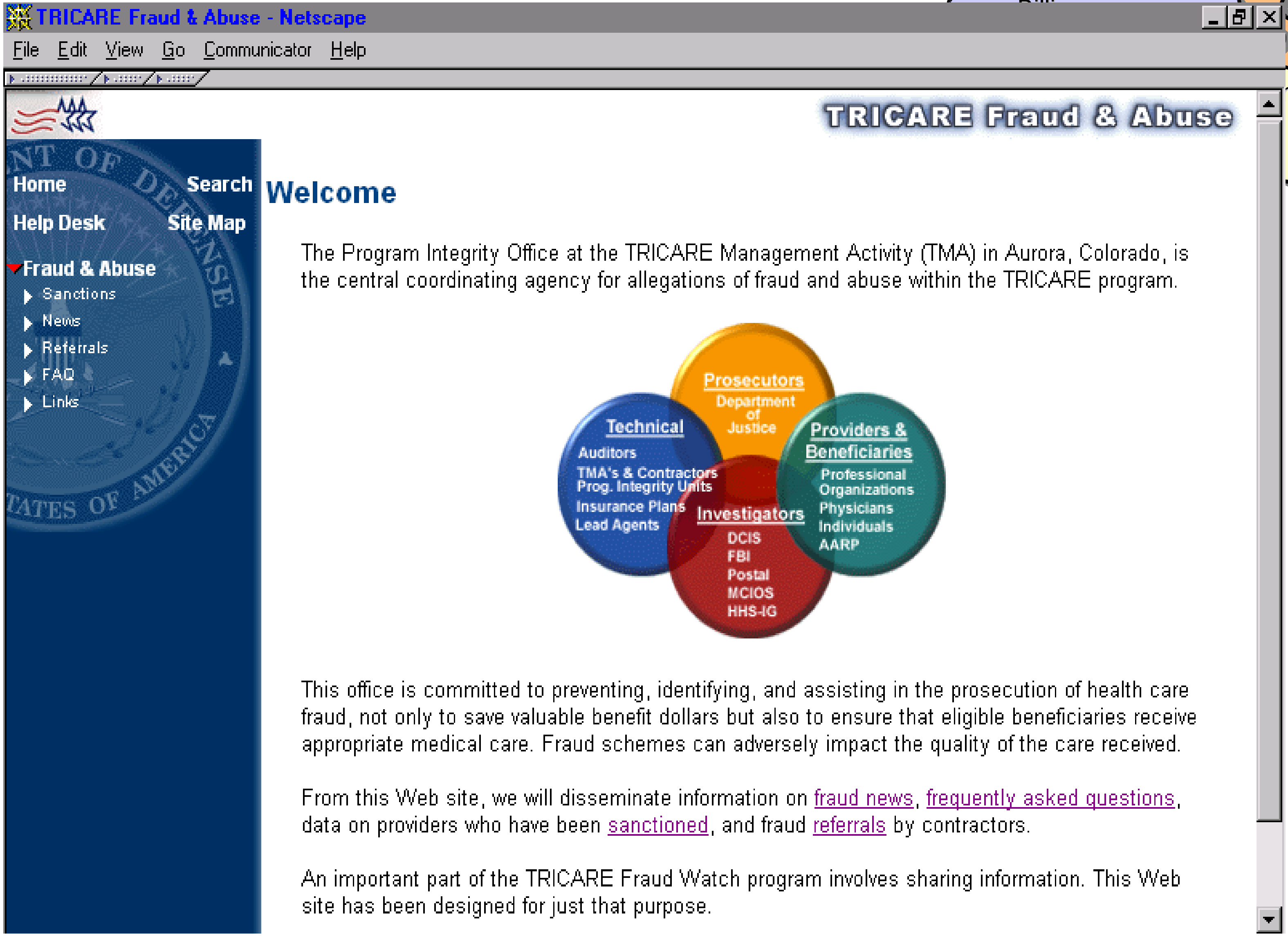
What’s on the web page?

- TRICARE Sanction List
- News Releases
- Tracks Contractor Refer
- Frequently Asked Quest
- Links to other Web Site


Prosecutors
DEPARTMENT OF JUSTICE
Technical
Investigators
TMA's & Contractor's
Program Integrity Units
Health Care Fraud Specialists
Insurance Plans
Auditors
DCIS
FBI
Postal
MCIOS
HHS-IG
Provider & Beneficiary Community
Professional Organizations
Physicians
Individuals
AARP

www.TRICARE.osd.mil/fraud

CORE COMPETENCIES


TRICARE Fraud & Abuse - Netscape
File Edit View Go Communicator Help
TRICARE Fraud & Abuse
Home
Search
Help Desk
Site Map
Fraud & Abuse
Sanctions
News
Referrals
FAQ
Links
Prosecutors
Department of Justice
Technical
Auditors
TMA's & Contractors Prog. Integrity Units
Insurance Plans
Lead Agents
Providers & Beneficiaries
Professional Organizations
Physicians
Individuals
AARP
Investigators
DCIS
FBI
Postal
MCIOS
HHS-IG

Welcome

The Program Integrity Office at the TRICARE Management Activity (TMA) in Aurora, Colorado, is the central coordinating agency for allegations of fraud and abuse within the TRICARE program.

This office is committed to preventing, identifying, and assisting in the prosecution of health care fraud, not only to save valuable benefit dollars but also to ensure that eligible beneficiaries receive appropriate medical care. Fraud schemes can adversely impact the quality of the care received.

From this Web site, we will disseminate information on fraud news, frequently asked questions, data on providers who have been sanctioned, and fraud referrals by contractors.

An important part of the TRICARE Fraud Watch program involves sharing information. This Web site has been designed for just that purpose.

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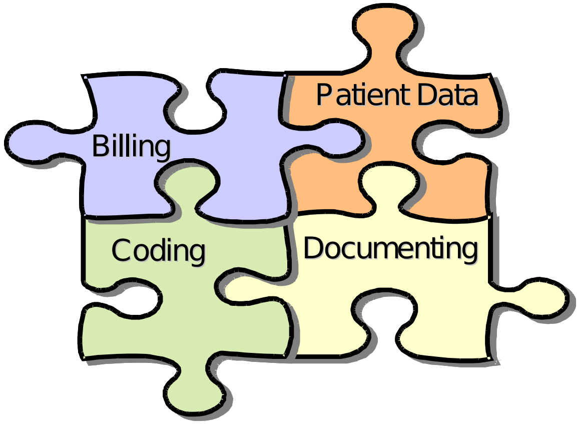
Frequently Asked Questions


Billing
Patient Data
Coding
Documenting

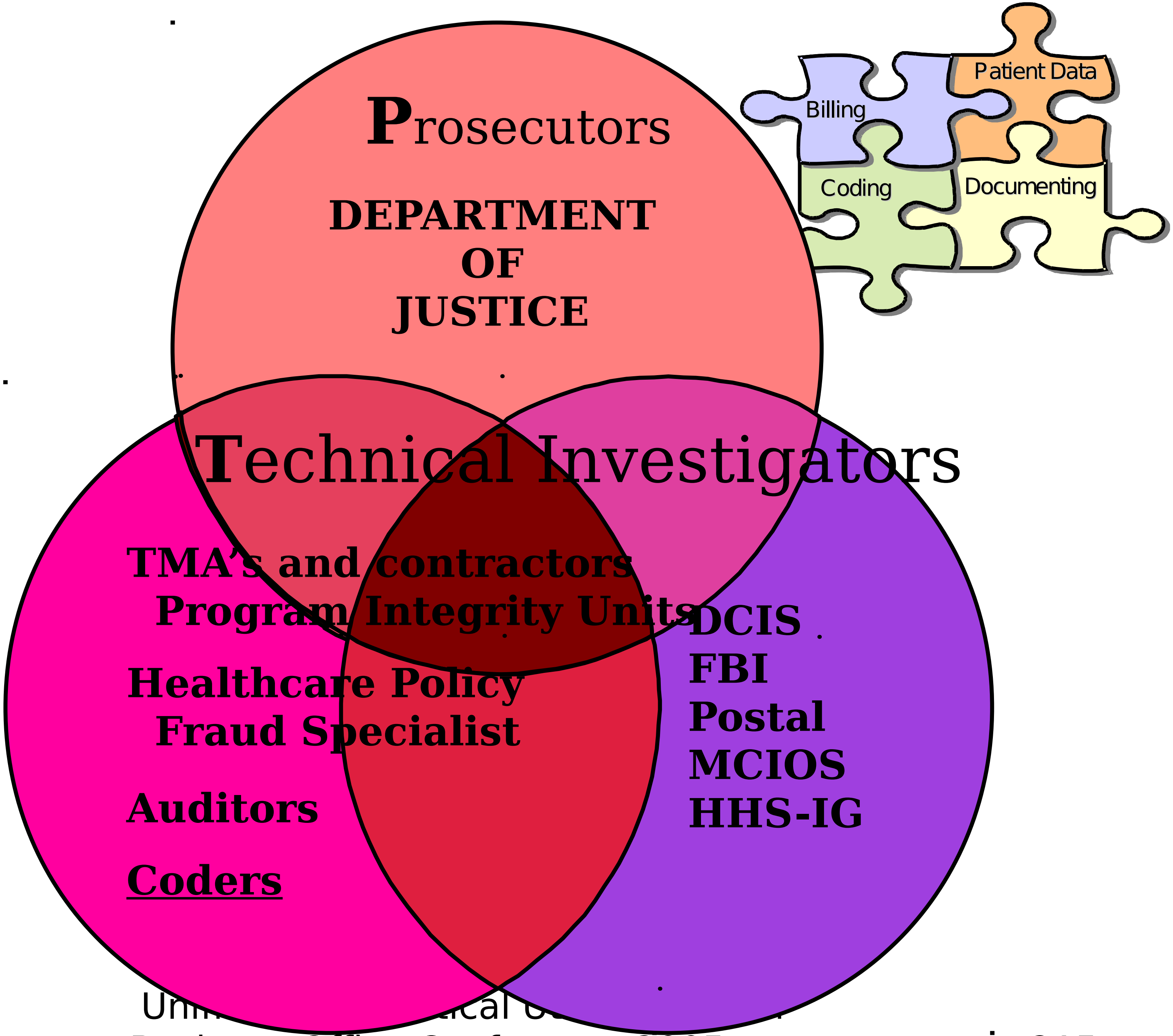
Is upcoding fraudulent?

Answer:

Is upcoding fraudulent?

Upcoding is considered fraudulent in that it is a misrepresentation of the services provided.

CORE COMPETENCIES


Billing
Patient Data
Coding
Documenting

Prosecutors

**DEPARTMENT
OF
JUSTICE**

Technical Investigators

**TMA's and contractors
Program Integrity Units**

**Healthcare Policy
Fraud Specialist**

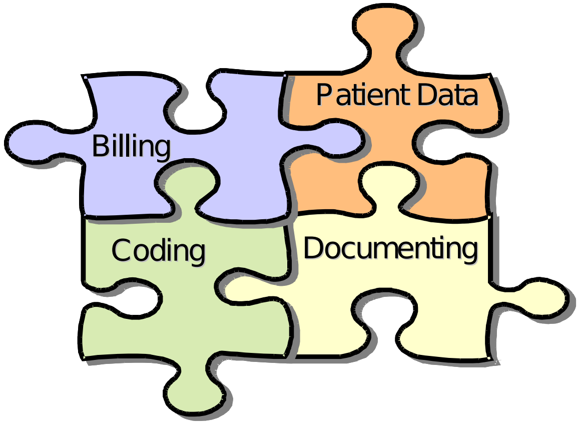
Auditors

Coders

**DCIS
FBI
Postal
MCIOS
HHS-IG**

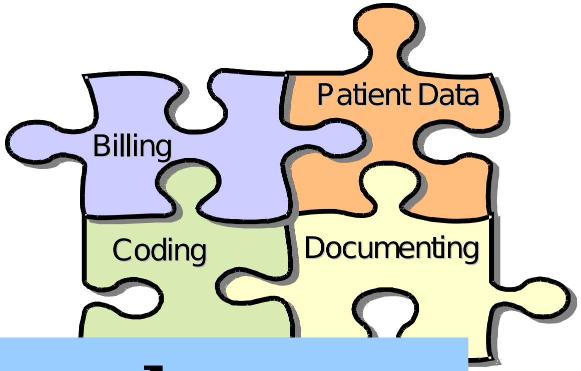
CORE COMPETENCIES

Summary



- **Costs of health care fraud**
  - **$30 - $50 billion a year**
  - **Human costs**
- **Importance of proper coding**
  - **Saves lives**
  - **Creates accurate patient health care history**
- **Be familiar with coding misrepresentations that are fraudulent**
  - **Who, what, where, when, why**
- **Know how to report fraud allegations within DoD**

Questions?



You are invited to attend:
TRICARE Management Activity National Health Care Fraud Conference
June 1 - 3, 2005

"Communicating the Anti-Fraud Message: TRICARE - Excellence with Integrity"

Registration on the TRICARE website at:

http://www.tricare.osd.mil/conferences/pioa/index.cf